#### **Mentorship VERIFICATION Form**

**ALL SECTIONS OF THIS FORM MUST BE TYPED**

(To be completed by each mentor listed on the Record of Mentored Experience Hours Form. Mentees should provide the approved mentor with their completed Record of Mentored Experience Hours Form along with this Verification Form so the mentor can review and sign off on completed hours.)

 **Name of Applicant: Applicant’s Institution or Affiliation:**

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| --- | --- |
|       |       |

 **Name of Mentor: Mentor’s Current Position:**

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| --- | --- |
|       |       |

 **Mentor’s Mailing Address: Mentor’s Phone and Email Address:**

|  |  |
| --- | --- |
|       | **Phone:**       **Email Address:**       |

**Mentor listed in the Registry of Approved Mentors? [ ]** Yes **[ ]** No

If Yes, please indicate if mentor is a **[ ]** CMPC or **[ ]** non-certified approved mentor

If No, mentor must submit a Registry of Approved Mentors Application Form ([download from AASP website](https://appliedsportpsych.org/certification/application-forms/#RegistryofApprovedMentors))

**Verification of Applicant’s Total Mentored Experience Hours and Mentorship Hours:**

List the number of hours the applicant completed in the following categories with you as the mentor:

|  |  |
| --- | --- |
| **Total # of Hours Spent in Direct Client Contact (Sport Context)***Refer to bottom row of the Record of Mentored Experience Hours Form to determine Hours Spent in Direct Client Contact (sport context)– enter only the # of hours completed with you as mentor. If applicant has multiple mentors, hours will need to be calculated and documented appropriately on a separate verification form for each mentor.* |       |
| **Total # of Hours Spent in Direct Client Contact (Non-Sport Context)***Refer to the Record of Mentored Experience Hours Form to determine Hours Spent in Direct Client Contact (non-sport context)– enter only the # of hours completed with you as mentor. If applicant has multiple mentors, hours will need to be calculated and documented appropriately on a separate verification form for each mentor.* |       |
| **Total # of Hours Spent in Supporting Activities***Refer to the Total Hours Spent in Supporting Activities the bottom row on the Record of Mentored Experience Hours Form* – e*nter only the # of hours completed with you as mentor.* |       |
| **Total # of Mentorship Hours (Individual)***Refer to the Hours Spent in Mentorship (Individual) in the bottom row on the Record of Mentored Experience Hours Form* – e*nter only the # of hours completed with you as mentor.* |       |
| **Total # of Mentorship Hours (Group)***Refer to the Hours Spent in Mentorship (Group) in the bottom row on the Record of Mentored Experience Hours Form* – e*nter only the # of hours completed with you as mentor.* |       |
| **Total # of Hours Spent in Sports/Activities***Refer to the Total Hours Spent in Sport/Activity in the bottom row on the Record of Mentored Experience Hours Form* – e*nter only the # of hours completed with you as mentor.* |       |
| **Total # of Direct Knowledge of Services Hours***Refer to the Hours of Direct Knowledge of Services on the bottom row on the Record of Mentored Experience Hours Form – enter only the # of hours completed with you as mentor.* |       |
| **Total Hours***Refer to the black box for Total Hours in the bottom row on the Record of Mentored Experience Hours Form – enter only the # of hours completed with you as mentor.* |       |

By signing this form, I verify that the information recorded by the applicant on the Record of Mentored Experience Hours Form related to my mentorship of the applicant is accurate to the best of my knowledge.

  Date

Signature of Mentor