#### **Mentorship VERIFICATION Form**

(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:**

|  |  |
| --- | --- |
|       |       |

**Developmental Level of Applicant:** (see Candidate Handbook for criteria) **[ ]** Advanced mentee **[ ]** Novice mentee

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

|  |  |
| --- | --- |
|       |       |

 **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***Refer to bottom row, column (a) of the Record of Mentored Experience Hours Form to determine Hours Spent in Direct Client Contact – enter only the # of hours completed with you as mentor. If applicant has multiple mentors, hours will need be calculated and documented appropriately on a separate verification form for each mentor.* |       |
| **Total # of Hours Spent in Support Activities***refer to the Total Hours Spent in Support Activities column (b) 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 Face-to-Face Mentorship Hours***refer to the Hours Spent in Face-to-Face Mentorship column (c) 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 Electronic Mentorship Hours***refer to the Hours Spent in Electronic Mentorship column (d) 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 column (e) in the bottom row on the Record of Mentored Experience Hours Form – enter only the # of hours completed with you as mentor.* |       |
| **Total # of Hours Spent in Sports/Activities***refer to the Total Hours Spent in this Sport/Activity column (f) in the bottom row on the Record of Mentored Experience Hours Form* – e*nter 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