



# APPLICATION FOR ADMISSION TO MENTORING PARTNERSHIP PROGRAM

## - Transforming your vision into practice -

Due to the number of qualified applicants who are sincerely committed to this work and our limited availability of time for high quality mentoring relationships, we must select only applicants we feel will benefit most from this association. Please understand that we support and appreciate your interest and regret that acceptance to this program must be restricted.

Date of Application: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Full Name(please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Practicing clinician / How long in practice: \_\_\_\_\_ How long with PPD clients? \_\_\_\_\_

Graduate student / Where? \_\_\_\_\_ Date of graduation \_\_\_\_\_

1) HAVE YOU COMPLETED THE PPSC POST-GRADUATE TRAINING PROGRAM?

Yes, list dates: \_\_\_\_\_

Pending, list dates: \_\_\_\_\_

No, explain: \_\_\_\_\_

2) LIST ANY CLASSES, SEMINARS, WORKSHOPS OR TRAININGS THAT YOU HAVE COMPLETED THAT PREPARE YOU FOR PARTICIPATION IN THIS PROGRAM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) HOW DID YOU HEAR ABOUT THE MENTORING PROGRAM ? \_\_\_\_\_



Karen Kleiman, MSW  
Executive Director

1062 Lancaster Avenue  
Suite 2  
Rosemont, PA 19010

610.525.7527

[www.postpartumstress.com](http://www.postpartumstress.com)

4) WHAT DO YOU THINK MAKES YOU A GOOD CANDIDATE FOR THIS PROGRAM?:

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5) WHAT PROFESSIONAL GOALS DO YOU HOPE TO ACHIEVE THROUGH THIS PROGRAM?:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

6) WHAT PERSONAL GOALS DO YOU HOPE TO ACHIEVE THROUGH HIS PROGRAM?:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

7) WHAT IS YOUR PRIMARY REASON FOR PARTICIPATING IN THIS PROGRAM?:

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8) WOULD YOU BE INTERESTED IN OBSERVING AN EVALUATION SESSION AT THE PPSC?

Yes  Not at this time

9) PLEASE LIST TWO (2) PROFESSIONALS WHO CAN BE CONSULTED FOR REFERENCES.

NAME / CONTACT INFO/ RELATIONSHIP

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10) STRUCTURE OF PROGRAM:

- We will attempt, to the best of our ability to accommodate your scheduling preferences, particularly if you are traveling far. However, time slots for mentoring program are limited and are subject to Karen Kleiman's availability.
- Fee will be an hourly rate for each 45 min meeting payable at each meeting. Checks, cash, credit cards accepted.



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- Discount available for clinicians who have completed the PPSC level I & II training and for clinicians preferring to pay in advance for a set number of meetings.
- Number of meetings will vary, depending on the needs of the clinician.
- Please check preference:
  - Weekly meetings
  - Bi-monthly meetings
  - Monthly meetings
  - To be determined after first meeting

I certify that the information on this application is accurate.

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Signature of Applicant

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Date