



**New Jersey Mental Health Institute Leadership Academy  
for Behavioral Healthcare Professionals  
Application for Participation as a Mentee**

Name and Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of years in current position: \_\_\_\_\_

Number of years in the behavioral healthcare field: \_\_\_\_\_

Please select the area that best describes your current role:

- |  |  |
|--|--|
| <input type="checkbox"/> Clinical services             | <input type="checkbox"/> Legal           |
| <input type="checkbox"/> Administrative                | <input type="checkbox"/> Finance         |
| <input type="checkbox"/> Information Technology        | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other - Please specify: _____ |  |

Are you interested in working toward a leadership position in the same area as indicated above?  Yes  No

If you responded "no", please indicate the area in which you would like to secure a future leadership role:

- |  |  |
|--|--|
| <input type="checkbox"/> Clinical services             | <input type="checkbox"/> Legal           |
| <input type="checkbox"/> Administrative                | <input type="checkbox"/> Finance         |
| <input type="checkbox"/> Information Technology        | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Other - Please specify: _____ |  |

**[continued]**

Please describe your organization and, if relevant, the program(s) you are involved with, including the types of services offered and the populations served.

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Please share topics of interest, what you aim to learn and achieve through this program.

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Please describe any projects you may currently have under way that you would like assistance with during this program or identify a new project to undertake throughout this program.

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What are your long-term career goals?

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Please indicate your preference for meeting with your mentor and coach:

- In person
- Virtual
- Alternate between in-person and virtual
- No preference

Can your supervisor, manager and CEO/Executive Director be contacted during this program?  Yes  No

If you responded “yes”, please provide their contact information below.

Name and Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and Credentials: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Note:** It is recommended that each mentee work with the mentor and the coach for at least one hour each, every month throughout the 12-month program. These times can be divided into two 30-minute sessions if the mentee and the mentor or coach agree to such a structure. Each mentee, coach and mentor may also agree to work together for an additional amount of time during any month.

*Thank you for applying to participate in the New Jersey Mental Health Leadership Academy for Behavioral Healthcare Professionals. Please send your application along with your payment (checks can be made out to the New Jersey Mental Health Institute) to NJMHI Leadership Academy for Behavioral Healthcare Professionals, 3635 Quakerbridge Rd., Suite 35, Mercerville, NJ 08619. For credit card payments, please contact Shauna Moses at [smoses@njamhaa.org](mailto:smoses@njamhaa.org).*

*We will contact you with your mentor and coach assignments, contact information and additional details.*