
Maryland Society for Clinical Social Work, Inc.

MENTOR APPLICATION

Date _____ Are you an LCSW-C? Yes _____ No _____

Name _____ Years of practice as an LCSW-C _____

Mail Address _____
Street Suite Number City State Zip

Phone (W) _____ (H) _____

Fax _____ email _____

Where would you meet with the social worker seeking mentorship?

Projecting your time availability, when would you be available?

What are your areas of experience and interest?

List committee work in MSCSW and other professional organizations: _____

In what settings have you been employed? _____

What are your practice specialties? _____

Is there a geographical area that you know best?

List two professional colleagues who could serve as references:

Phone: _____ Phone: _____

**ENCLOSE A COPY OF A RECENT RESUME AND THE COVER PAGE OF YOUR MALPRACTICE INSURANCE
INDICATING COVERAGE/EXPIRATION DATE.**

Mail to the Society office. You will be contacted upon receipt of your application.
