**Mentor Applicant Recommendation Form**

Name of mentor applicant: Click or tap here to enter text.

Name of recommender: Click or tap here to enter text.

Institution/Organization: Click or tap here to enter text.

Position/Title: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

**How long and in what capacity have you known the mentor applicant?**

**What are the strengths of the applicant that will help them effectively mentor another Certified Child Life Specialist (CCLS)?**

Below is a list of leadership competencies, skills, and circumstances that can serve as potential foci for mentor/mentee relationships in this program. In your opinion, in which of the following areas would the applicant be most able to support a CCLS mentee? Check all that apply.

Academics

Alternative Settings

Child Life Overseas

 Clinical Advancement

 Communication and Conflict Management

 Emotional Work/Compassion Fatigue

 Funding (working with donors, grants, philanthropy)

 Grief/Bereavement care and support

Leadership and Management topics

 New program, hospital or role development

 Small-person program

 Student supervision, internship supervision, or practicum supervision

 Specialty Interest (Such as research, chronic illness, competencies, etc.)

**What is your overall recommendation of this mentor applicant for the ACLP Mentor Program?**

Highly recommend

Recommend

Recommend with reservation

Do not recommend

**Signature:** Click or tap here to enter text. ­­­­­­­­­­­­­­­­­

**Date:** Click or tap here to enter text.

Thank you for your assistance!

This form should be returned by the recommender to [mentorship@childlife.org](mailto:mentorship@childlife.org) by 5PM EST on Wednesday, September 1, 2021.