



Attached additional page as required  
Other requirements continued on back.

**Other Requirements:**

**ONE**

**Introductory/Basic Clinic:**

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_

**TWO**

**Evaluation/Mentoring Process:**

Date: \_\_\_\_\_ Mentor: \_\_\_\_\_

Attach evaluation/mentoring report to application form.

**THREE**

**Clinic:**

Date: \_\_\_\_\_ Clinician: \_\_\_\_\_

Open Book Exam:(%) \_\_\_\_\_

**Evaluation/Mentoring Process:**

Date: \_\_\_\_\_ Mentor: \_\_\_\_\_

Date: \_\_\_\_\_ Mentor: \_\_\_\_\_

Attach two evaluation/mentoring reports to application form.

Signature: \_\_\_\_\_ Membership #: \_\_\_\_\_