

AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

W W W . A A C A P . O R G

**AACAP Psychodynamic Faculty Initiative Mentorship Award**

(PsyFI)

**Mentor Form**

Name of mentor applicant: \_\_\_\_\_

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

\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Are you a member of the AACAP? Yes No

(Note: AACAP membership is necessary to mentor for the award)

Current Position:

\_\_\_\_\_

**TRAINING PROGRAM INFORMATION**

If you are currently involved in training in a Child Psychiatry Program, please fill out the following Training Program Information:

Name of Training Program represented: \_\_\_\_\_

Name of Head of Program Director/ Training Director (if applicant is not the program director):

\_\_\_\_\_

Name of Head of CAP program: \_\_\_\_\_

If not currently involved in training, list most recent training information and dates:

\_\_\_\_\_

To assist us in matching mentors and mentees.

1. Describe briefly your own training in psychodynamic theory, formulation and/or therapy:
2. Describe briefly any experiences teaching psychodynamics:
3. Describe your main clinical areas of interest and practice settings (outpatient, inpatient, ER, CL, forensics, community etc.):
4. Describe how you have used psychodynamics in your clinical practice:
5. Describe your experience with working in settings of diversity (of race, ethnicity, class, religion etc.):

Please attach your CV.

If you are not matched with a mentee this year, can we keep your application on file for future matching with a mentee? Yes No

One goal of this initiative is to create a community within AACAP that supports members in maintaining psychodynamics as a core skill of child and adolescent psychiatrists. Would you like to hear about future projects in the initiative? Yes No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_