

## Volunteer Telehealth Mentor Network

### **Mentor Form**

First Name

Last Name

Credentials (CDE, SLP, etc)

Where trained

Current employer or self-employed

Telehealth expertise

Speech Language Pathologist

Occupational Therapist

Physical Therapist

Dietician

Other (text box here)

Experience utilizing telehealth with the following age group(s):

Pre-school (1-4)

School age children (5-17))

Adults (18 – 64)

Seniors (65 +)

Experience utilizing telehealth with patients with:

Chronic conditions (diabetes, COPD)

Speech-language pathology

Post-brain or spinal injury

Post orthopedic injury

Other (text box here)