

## NOSSCR MENTORSHIP PROGRAM

### MENTEE APPLICATION – ATTORNEY

NAME:

Preferred e-mail:

Preferred phone number:

I certify that I am a NOSSCR member in good standing, and will remain so during the duration of this program.

My firm has offices in OR I practice in the following states (list ALL):

Please note which of the following is applicable:

I have been practicing law less than five (5) years

AND/OR

I am new to the practice of Social Security law

1. Please describe your work environment, providing as much detail as possible

(specifying small/large firm; urban/rural; hearings/litigation; etc.)

2. What are the individual characteristics you'd like our placement committee to consider?

3. What are the personal goals you would like to achieve, either in the program or in the immediate future?

4. In which subject matter areas of Social Security law are you seeking to improve your knowledge?

5. What are you looking for in a mentor?