

Application to Become a CHAMP Mentor

Date: _____

Name & Title: _____

Institutional Address: _____

Phone: _____ Email: _____

1. Mentors are required to be American Board of Pediatrics certified in child abuse pediatrics.

Submit documentation of this certification.

2. Child sexual abuse evaluations should take place in an appropriate facility with an established child-friendly model of care.

Briefly describe your facility and model of care. _____

Does the appointment schedule include several patient appointments, thus providing opportunities for observerships? Yes No

3. Mentors must be familiar with the online CHAMP course *Evaluating Child Sexual Abuse*.

Submit documentation of successful course completion, such as a CME certificate.

Additional comments or explanation: _____

Please include with this completed application:

- An updated CV
- Three letters of reference, with one being from a current or most recent supervisor

Send these materials to:

JoAnne Race, CHAMP Program Manager
McMahon/Ryan Child Advocacy Center
601 East Genesee Street
Syracuse, NY 13202
Phone: 315-883-5615
Fax: 315-883-5616
racej@upstate.edu