



E-mail to your region's Self Direction email address. If approved, you will receive a notification with an effective date. As of that effective date, you are authorized to mentor eligible brokers and receive credit towards your Yearly Professional Development requirements. You may submit one request per year.

Section I: Identifying Information

Form with fields for Last Name, First Name, Middle Initial, Broker Authorization Number, Initial Authorization Date, Business Street Address, City, State, Zip Code, Phone Number, Number of Participants Currently Served, E-Mail Address, and Name of Agency.

Section II: Background

Please provide a brief description of your background and any additional information you wish to provide about how you would mentor other brokers. What do you see as your strengths that you could teach your Mentee?

Section III: Region

I would like to mentor in the follow region(s):

- Region 1: Finger Lakes DDRO Western NY DDRO
Region 2: Broome DDRO Central NY DDRO Sunmount DDRO
Region 3: Capital District DDRO Hudson Valley DDRO Taconic DDRO
Region 4: Bernard Fineson DDRO Metro Manhattan DDRO Brooklyn DDRO Metro Bronx DDRO Staten Island DDRO
Region 5: Long Island DDRO

Section IV: Assignment

I would like to be assigned to a Mentee.

I am requesting to work with:

Broker Name:

Broker #

Broker Name:

Broker #

By signing below, I acknowledge that:

- I understand that written approval from the individual receiving services is necessary when assisting the Mentee with activities that require accessing the private information of the person receiving OPWDD services.
- I understand that approval as a Mentor does not guarantee that I will be assigned a Mentee.

Broker Digital Signature		Date	
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DDRO Use Only

Approved

Denied

Comments

Liaison Signature

Date

CBAR Use Only

Reviewer

Determination

Number

Instructions

The Support Broker Mentorship Program defines the Mentor and Mentee as such:

The Mentor is responsible for giving guidance to the Mentee. Potential Mentors must be in good standing and have at least one year of experience as an authorized Support Broker.

The Mentee is the recipient of guidance from the Mentor. Priority is given to Mentees with less than one year of experience as an authorized Support Broker.

This form is to be completed by the Support Broker applying to be a Mentor.

Please follow the directions when completing this form. This form should be completed in Adobe. Adobe Reader is a free program which can be obtained here:
<https://get2.adobe.com/reader/>

Section I

Provide the legal name and Authorization Number of the Mentor.

Section II

Please provide a summary of your skills for consideration as a Mentor.

Section III

Please select the Regional Office(s) under which you would be available as a Mentor. You must currently provide services in a region in order to be considered as a Mentor for that region. If selecting multiple regions, you will need to be approved by each Regional Office in order to be accepted as a Mentor.

Section IV:

Please indicate if you have a Mentee that you would prefer to mentor or if you would like to be assigned a Mentee. All requests must be approved by OPWDD.