

Attachment E: Checklist of Mentored Sessions

20 sessions are required. The mentored sessions must be evenly spaced out over a period of three to five years with a minimum of 3 sessions in each of the qualifying years being mandatory.

Name of professional seeking certification: _____

Name, Designation, and LSL ID# of LSL Mentor: _____

First Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the first year must total at least 3 sessions =			

Second Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the second year must total at least 3 sessions =			

Third Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the third year must total at least 3 sessions =			

Fourth Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the fourth year must total at least 3 sessions =			

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Fifth Year of Mentorship (Activity Type: live or using video technology)	Dates (XX/XX/XXXX)	Number of Hours	Mentor's Initials
Total hours for the fifth year must total at least 3 sessions =			

Total number of sessions for all qualifying years: _____ (Total sessions must be at least 20)

First date of mentorship (first mentored session documented on this form): _____

Last date of mentorship (last mentored session documented on this form): _____

The span of time between the two dates above must be at least 36 months (3 years)

I attest that the information disclosed on this form is correct, accurate, and complete and made in good faith. I understand that the Academy reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of the professional seeking certification's application or revocation of my certification.

REQUIRED SIGNATURES:

Professional seeking certification: _____ Date: _____

LSLS Mentor: _____ Date: _____