

Small Group Mentoring Application

November 2018 – April 2019
Pelvic Health Education & Consulting, LLC

Name (with professional designations): _____

City/State/Country: _____ E-mail Address: _____

Part 1: Experience

How many years have you been practicing as a physical therapist or occupational therapist? _____

Areas of Practice: _____

Certifications/Specializations: _____

How long have you been treating pelvic floor diagnoses? _____

Please list your prior continuing education coursework in pelvic health: _____

Part 2: Topics of Interest

What are your goals in small group mentoring? _____

Please rate your interest in the following topics. Please place an asterisk (*) by any top desired topics.

	Very Interested	Interested	Neutral	Not Interested
Urinary Dysfunction (urgency, frequency, etc)				
Urinary Incontinence (UI)				
Pelvic Organ Prolapse				
Constipation				
Bowel Disorders (IBS, Crohn's, UC, etc)				
Fecal Incontinence				
Female Sexual Dysfunction				
Male Sexual Dysfunction				
Vulvar Pain Disorders				
Endometriosis				
Chronic Pelvic Pain				

Interstitial Cystitis/Painful Bladder Syndrome				
Pudendal Neuralgia				
Coccydynia				
Chronic Prostatitis/Male Chronic Pelvic Pain Syndrome				
Post-Prostatectomy UI				
Pediatric Pelvic Health				
Pregnancy & Postpartum				
Pelvic Organ Prolapse				
Managing Complex Cases				
Differential Diagnosis in Pelvic Health				
Behavioral & Self-Care Interventions				
Internal Vaginal/Rectal Manual Therapy Techniques				
Therapeutic Exercise Interventions for Overactive Pelvic Floor Conditions				
Therapeutic Exercise Interventions for Underactive Pelvic Floor Conditions				
Working with Survivors of Trauma/Abuse				
Biofeedback for Bowel disorders (including SEMG and sensory balloon training)				
Central Sensitization/Pain Science				
Return to Sport Training/Working with Athletes in Pelvic Health				
Other:				

Is there anything else I should know in placing you with a small group? _____

What is your preferred day and time for meeting? Please list day(s) of the week as well as time preference.

Thank you for your interest in small group mentoring! Note that submission of this application does not guarantee automatic acceptance into the program. If we are unable to accommodate you this session, you will be placed on a waiting list for the next series at the current rate.