



Sickle Cell Disease Association  
Of America, Inc.  
Peer-to-Peer Mentorship Program  
Application

## **Sickle Cell Disease Association of America, Inc. Peer-to-Peer Mentorship Program Description**

### *Program Information*

Welcome to the Sickle Cell Disease Association of America, Inc., Peer Mentor Training Program! The goal of the program is to give support to those individuals who are completing the transitional phase from pediatrics to adult care. The program consists of 1-on-1 phone calls and/or text messages that will focus on healthy living with sickle cell disease. The program will use the web-based Mentor1to1™ platform and associated PeerMentor™ smartphone app to track the program progress and view additional content related to the mentees to help deliver the program.

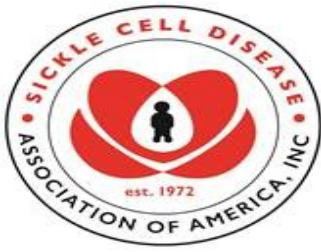
### *Training will include:*

InquisitHealth has been contracted to design and maintain the training program for this project. The mentor's training will be completed through InquisitHealth online's e-learning course on a website called Peer Mentor University. These web-based training modules will cover the basics of sickle cell disease, transitioning into adult care, pain management, reducing complications and medication management. In addition to providing detail information about the mentor program, platform and mentoring strategies, the training will included the following:

- A 15-minute orientation module that will provide an overview of how the program works.
- 2 Standardized Patient Activities (mock patient calls) with a program coordinator to experience what it's like to mentor someone living with sickle cell disease.
- Peer Mentor University: E-training that will include a series of educational modules that will cover the basics of sickle cell disease, coaching strategies, platform tutorials and HIPAA compliance. This will take ~8-10 hours to complete.

### *Peer Mentor Definition*

A Peer Mentor is someone who can offer support to other peers (mentees) living with sickle cell disease by using their personal lived experience and coaching skills learned during the training.



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### *Eligibility*

The Peer-to-Peer Mentoring Program is currently available to anyone wanting to mentor adolescent and young adults as they seek to successfully transition into adult sickle cell health services. Criteria for acceptance include:

1. Must be 18 years or older
2. Have a high school diploma, equivalent or higher
3. Have a valid government issued ID
4. Complete application requirements
5. Must be diagnosed with sickle cell disease
6. Must have successfully transitioned into adult care
7. Must have a daily/regular phone (residence or a cellular line) that can be used to make mentoring phone calls.
8. Must have daily/regular access to a computer, tablet, or laptop with internet access



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Date of Application: \_\_\_\_\_

| APPLICANT INFORMATION  |    |                   |                              |                              |   |                  |  |                              |                             |
|--|----|-------------------|------------------------------|------------------------------|---|------------------|--|------------------------------|-----------------------------|
| Last Name  |    |                   |                              | First                        |   | M.I.             |  | Today's Date                 |                             |
| Street Address   |    |                   |                              |                              |   | Apartment/Unit # |  |                              |                             |
| City   |    |                   | State                        |                              |   | ZIP              |  |                              |                             |
| Phone  |    |                   | E-mail Address               |                              |   |                  |  |                              |                             |
| Are you at least 18 years old?   |    |                   | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | Do you have access to a personal computer, laptop, or tablet? |                  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you a citizen of the United States?  |    |                   | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | Are you tech savvy?   |                  |  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you speak any other languages other than English?   |    |                   | YES <input type="checkbox"/> | NO <input type="checkbox"/>  | If so, what language?   |                  |  |                              |                             |
| EDUCATION  |    |                   |                              |                              |   |                  |  |                              |                             |
| High School  |    |                   |                              | Address                      |   |                  |  |                              |                             |
| From   | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/>                                   | Degree           |  |                              |                             |
| College  |    |                   |                              | Address                      |   |                  |  |                              |                             |
| From   | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/>                                   | Degree           |  |                              |                             |
| Other  |    |                   |                              | Address                      |   |                  |  |                              |                             |
| From   | To | Did you graduate? |                              | YES <input type="checkbox"/> | NO <input type="checkbox"/>                                   | Degree           |  |                              |                             |
| CRIMINAL BACKGROUND HISTORY  |    |                   |                              |                              |   |                  |  |                              |                             |
| Have you ever been convicted of any law violations (including moving traffic violations)? YES <input type="checkbox"/> NO <input type="checkbox"/>   |    |                   |                              |                              |   |                  |  |                              |                             |
| If you answered "yes" to the above question, please list all and explain. Use additional pages if necessary.   |    |                   |                              |                              |   |                  |  |                              |                             |
| <b>Note:</b> All applicants will have a background check completed by Checkr, Inc., to be a mentor in the program (Completed through Inquisthealth). |    |                   |                              |                              |   |                  |  |                              |                             |
|  |    |                   |                              |                              |   |                  |  |                              |                             |
|  |    |                   |                              |                              |   |                  |  |                              |                             |
|  |    |                   |                              |                              |   |                  |  |                              |                             |



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| EXPERIENCE  |  |
|---|--|
| I am living with Sickle Cell Disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I have successfully transition into adult care  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| I have seen a Primary Care Provider (PCP) within the last year  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been out of care for Sickle Cell Disease for more than 2 years                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you presently have Community Health Worker/Outreach work experience or have you taken any courses in the past? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Other   |  |

| AFFILIATION  |                                    |
|--|------------------------------------|
| Which Community Based Organization (CBO) are you affiliated with?  | _____ N/A <input type="checkbox"/> |
| Which clinical or hospital facility do you currently receive medical treatment? :  | _____                              |
|  |                                    |
| ACCOMMODATION  |                                    |
| If you have a disability that requires us to make a reasonable adjustment to enable you to successfully complete this program, please list below: Your local training office will contact you: |                                    |
|  |                                    |

| DISCLAIMER AND SIGNATURE   |      |
|--|------|
| I certify that my answers are true and complete to the best of my knowledge. I will complete all requirements related to the Peer-to-Peer Mentorship Training. |      |
| Signature  | Date |

*SCDAA is an Equal Opportunity Employer and Trainer.*



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## Peer-to-Peer Mentorship Program Application Instructions

Please complete entire application. **Incomplete applications may not be considered**. Along with your application please submit a copy of your Driver's license.

You have two options to submit your application.

By Fax:

Attention:

Shantia Fitzgerald, M.S., BSW

Community Impact and Educational Manager

SCDAA

7240 Parkway Drive

Suite 180

Hanover, MD 21076

By E-mail:

Shantia Fitzgerald, M.S., BSW

[sfitzgerald@sicklecelldisease.org](mailto:sfitzgerald@sicklecelldisease.org)

Application Checklist:

1. Application
2. Copy of Government Issue ID

**Once completed applications have been received, you will be notified of your application status and a phone interview will be scheduled if selected for the program.**