

UVACH Professional Nurse Mentoring Program MENTOR ATTESTATION

Initial the three statements below:

_____ I understand that the mentor program involves spending a minimum of two hours every month, via face-to-face contact, email, text, or phone, for six months with an assigned nurse mentee.

_____ I understand that I will be required to complete an assessment tool of the program and mentee relationship at the end of each mentor relationship.

_____ I understand that I will be required to make myself available, during mutually agreed upon times, to the assigned mentee while completing my other work responsibilities.

Signature

Date

***** The portion below is to be completed by the applicant's one-up leader (Director/NM/ANM) ***:**

Initial beside to show your agreement to the following statements:

_____ The above applicant is in good standing, and is an exemplary leader without any current disciplinary action.

_____ I agree to support this leader in meeting the requirements of a mentor including supporting them in allotting time to support and grow the mentor: mentee relationship.

_____ The team member is currently a Clin 2 with two years of nursing experience and has worked for the organization at least 1 year.

Please add any additional comments that will be helpful when the NH NM mentorship committee selects and pairs this applicant with potential mentee.

Leader Signature

Name/Title

Date

Please email application to:

CLUVACHMentorProgram@uvahealth.org