



MENTOR APPLICATION
(PLEASE PRINT)

Name: _____ **Title:** RN LVN Other: _____
Unit: _____ **Shift:** _____ **Position:** _____
Credentials: (BSN, CCRN, etc.) _____
Home Phone: _____ **Mobile Phone:** _____

Professional Information:

1. How long have you been a nurse or in the nursing profession? What is the breakdown in years of your clinical experience? (M/S, ICU, EC, etc.)
2. Do you have any nursing certifications that you would like to show on your mentor profile, please list? (BSN, MSN, CCRN, BC, etc.)
3. Have you been a preceptor for new employees previously? If so, how many in the last 12 months?
4. Have you been active on Career Ladder within the last 12 months? If so, what level did you achieve?
5. What do you like most about working at UMC?
6. Describe how the role of a “Mentor” relates to our Standards of Excellence

Personal Information:

1. Describe your personality or how others would describe you:
2. List your personal interests, activities, hobbies, etc.
3. Why do you think you would be a good mentor? What is your motivation for applying?



A Nurse Mentoring Program at UMC

MENTOR APPLICANT CHECKLIST
NNN

Applicant Name: _____

Date of Hire: _____

Employment Status: FT PT O/C

Criteria:

Instructions: Please verify the criteria met in the PAST 12 MONTHS by placing your initials in the appropriate blank.

_____ No counseling or disciplinary actions within the last 12 months including probations or suspensions.

_____ Follows attendance policy (low absenteeism and tardiness rate).

_____ Has attended at least 80% of unit staff meetings.

_____ Abides by SIOP standards as evidenced by most recent yearly performance evaluation.

I do / do not recommend this applicant as a New Hire Support Mentor.

I verify that the above information is accurate.

Nursing Director: _____ **Unit:** _____

Date: ___/___/___



Mentor Agreement/Mentor Responsibilities

1. I agree to the responsibilities of a Mentor according to Nursing Administration Policy 162.0. I agree that I have read and reviewed this policy and understand the content of the program requirements.
2. I am patient focused and actively practice UMC's mission, vision and Standards of Excellence.
3. I will initiate communication with mentee assigned to me within two weeks after the Mentee attends Orientation.
4. I agree to make all attempts to reach my mentee for initial contact by using the following methods: email, phone, texting, and physically visiting the mentee on their nursing unit.
5. In the event, that I am unable or unsuccessful in reaching my mentee, I will notify the Mentor Program Director and mentee's Nursing Director for further assistance and guidance.
6. I will provide new employees a solid foundation for independent practice.
7. I will assist the new employee with developing leadership behaviors.
8. I will assist the new employee to integrate into their unit and organization as a whole.
9. I will assist the new employee to develop positive traits such as professionalism, hard work, job dedication, independence, honesty, persistence, tactfulness, and communication.
10. I will assist the new employee to grow personally and professionally.
11. I will maintain confidentiality of the professional relationship with my mentee(s).
12. I will demonstrate flexibility upon scheduling meetings with my mentee(s).
13. I will exhibit good communication with my mentee, Nursing Directors, Clinical Educators and Mentor Program Director to enhance the success of the new employee. I will demonstrate good conflict management skills as necessary.
14. I will meet with each mentee monthly, face-to-face, until program is completed.
15. I will submit all program documentation requirements (Agendas and Eval Tools) no later than the 15th of the month of the 7th month after the mentee attends Nursing Orientation (NNN) for traditional program or the 15th of the month of the 4th month after the mentee attends Nursing Orientation (NNN) for the transition program. Mentoring agendas must be completed and submitted on a monthly basis.
16. In the event that I am not able to fulfill the mentoring program for a mentee; such as leave of absence, termination, etc., I will communicate and make appropriate arrangements with the Program Director.
17. I am aware that if I cannot fulfill program requirements according to policy, I may be asked to step down as a Mentor.
18. I will complete the Mentor program evaluation tool within the 4th Quarter of each calendar year to assist with program improvements and identification of Mentoring "best practices".

Print Name

Home Unit: _____

Signature

Date: _____

Contact Number: _____