



A Nurse Mentoring Program at UMC

6 Month Contract/Agreement

We are entering into a mentoring partnership, which we expect will benefit both of us. We want this to be a rewarding experience with most of our time spent on professional developmental activities. The following components are expectations that are mutually agreed upon:

1. The formal mentoring partnership will last for **6 months**.
2. The two of us will meet minimally face-to-face, once a month for six months. We will also communicate by phone, email, etc. as situations arise/as needed.
3. When scheduling face-to-face monthly meetings, we agree to be flexible and understanding.
4. In depth issues will be handled in a face-to-face manner.
5. We agree to the responsibilities of mentor and mentee are as outlined in the New Hire Support/Mentor Program Policy, NA 162.0.
6. We agree to be trustworthy, respectful, and supportive of each other, to communicate effectively with each other, and to keep confidential all patient and personnel issues.
7. We agree that if the partnership is no longer a good “match” for either the Mentor or the Mentee, we will respectfully discuss this with the Mentor Program Director for action.
8. We agree to each complete an evaluation at the conclusion of this program as described by the New Hire Support/Mentor Program Policy, NA 162.0.

Return Contract with Month 1 Agenda to Nursing Recruitment

Mentee Printed Name

Mentor Printed Name

Mentee Signature

Mentor Signature

Date

Date