

IACRN Leadership Program Intake and Commitment Form for Mentors

Name:

State/Country of practice:

Education (check highest degree achieved):

- Diploma
- Associate Degree
- Baccalaureate Degree in Nursing
- Master's Degree in Nursing
- Doctoral Degree in Nursing
- Baccalaureate Degree in another field
- Master's Degree in another field
- Doctoral Degree in another field
- Other: Please indicate:

Have you mentored other nurses?

- No
- Yes, please describe:

How do you hope to benefit from this program?

IACRN committees you are currently/or have been member of:

How do you expect your mentee to benefit from this program?

What personal characteristics do you have that will contribute to your ability to be a mentor in the IACRN Leadership program?

Are there possible barriers that may impact your ability to be a mentor in this program? Please explain.

Background

Practice Setting: _____

Current position: _____

Years in current position: _____

Clinical practice specialty: _____

Years as a Clinical Research Nurse: _____

Years in nursing: _____

Certification:

List current certifications: _____

I agree that by signing this form I am committing to be a mentor in the IACRN Leadership Program for the term of 10 months; January 2020 through October 2020.

Print Name:

Sign Name:

Date: