

## IACRN Leadership Program Intake and Commitment Form for Mentors

Name

Contact information:

- Email
- Phone

What is your preferred contact method:

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?

Which IACRN committee are you a member?

- Chapter governance
- Conference planning
- Education
- Membership, Marketing, & Communications
- Research

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

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

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

**Background**

Practice Setting:

Current position

Clinical practice specialty

Years in current position:

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 2022 through October 2022.

Print Name

Sign Name

Date