FACULTY and PROTÉGÉ MENTORING PARTNERSHIP AGREEMENT

TTUHSC SCHOOL OF NURSING

Working in partnership, we are entering this mentoring relationship. It is our expectation that this partnership will foster professional growth and career development. In order to ensure that the mentoring relationship will be a mutually rewarding and satisfying experience, we agree to the following:

1. Maintain confidentiality in this relationship:
   Mentor Name__________________________ Protege Name______________________

2. We are committed to sustain this relationship for:
   a. ________ months or b. One (1) year from this date.
   Mentor Name__________________________ Protege Name______________________

3. We are committed to meet together and follow this ground rules:
   a. Weekly ________ monthly________
   b. Meeting time:
   c. Meeting location:
   d. Select topics for discussion at the next session
   e. OR

4. We have established the following goals for this mentoring relationship:
   a. Career development:
   b. Skills development:
   c. Other:

5. The skill areas to be enhanced or developed through this partnership are:
   a. Teaching:
   b. Scholarship/Research:
   c. Other:

6. Each of us has outlined expectations for the mentoring relationship. ________
   a. Provide regular feedback to each other Initial Initial
   b. Evaluate progress
Mentor_____________________________  Date____________
Protege_____________________________  Date____________

Signed copies of this agreement will be provided to the Mentor, the Protege, the Dept Chair and the Professional Development Council Chair.