

## **Mentorship Agreement Sample Template**

*This is just an example agreement. Any agreement that includes the rule requirements is acceptable. Use what is useful, discard what is not.*

Requirements of the APN for the mentorship:

- An APN must complete 1800 hours of documented experience in a mentorship.
- The mentor may be a Physician, or a Physician *and* an APN with full prescriptive authority (RXN).
- Must be completed within five years of the APN being granted Provisional Prescriptive Authority.
- (See complete nurse rules [here](#).) (See complete physician rules [here](#).)

Mentor requirements:

- Legally and actively practicing in Colorado (with no disciplinary sanctions)
- Have education, training, experience, and a practice that corresponds (but need not be identical) to the Role/Specialty and Population Focus of the APN.
- An unrestricted DEA registration for the same controlled substance schedules as the APN.

Mentorship documentation requirements:

- Documented in writing
- Signed by the APN and all mentors
- Outline a process and state the frequency for ongoing interaction and discussion of prescriptive practice to provide for patient safety
- Be retained by the APN and the mentor(s) for a period of three years after the mentorship completion
- Sign an attestation form that one participated in the APN's mentorship. (The APN must also develop an Articulated Plan, which needs a one time physician signature.)

APNs with prescriptive authority have no statutory requirements for co-signatures for prescription orders during the mentorship.

Mentors shall not require payment or employment as a condition of entering into a mentor relationship, but may, in recognition of their time and expertise, be paid reasonable expenses.

### **Examples:**

Chart review

Case study

Order review

Inpatient progress review

Prescribing practice

Medication review

Group meeting case studies

Reviewing decision support tools

Consultation with other health professionals Article review

## Mentorship Agreement

**Name of Advance Practice Nurse** \_\_\_\_\_

**Date of filing for Provisional Prescriptive Authority** \_\_\_\_\_

**APNs Role and Population Focus** \_\_\_\_\_

**Mentorship start date:** \_\_\_\_\_

**Process and Frequency of Interaction:**

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**Mentor Name** \_\_\_\_\_

Mentor education, training, experience, and practice \_\_\_\_\_

Signature \_\_\_\_\_

Start date working with APN \_\_\_\_\_

End date working with APN \_\_\_\_\_

Total hours working with APN \_\_\_\_\_

**Mentor Name** \_\_\_\_\_

Mentor education, training, experience, and practice \_\_\_\_\_

Signature \_\_\_\_\_

Begin date working with APN \_\_\_\_\_

End date working with APN \_\_\_\_\_

Total hours working with APN \_\_\_\_\_

**Mentor Name** \_\_\_\_\_

Mentor education, training, experience, and practice \_\_\_\_\_

Signature \_\_\_\_\_

Begin date working with APN \_\_\_\_\_

End date working with APN \_\_\_\_\_

Total hours working with APN \_\_\_\_\_

