

## Professional Mentor Agreement

### Master of Science in Nursing (Advanced Practice)

Dear Course Director,

Student Name (PRINT NAME): \_\_\_\_\_

Organisation: \_\_\_\_\_

I am agreeing to support the above student as professional mentor for NM6013 Advanced Practice Clinical Practicum (Nursing) 1 and NM6014 Advanced Practice Clinical Practicum (Nursing) 2. The mentorship role is at Assistant Director of Nursing level.

I understand that this support includes the following (please tick  all that apply):

- Support opportunities for professional teaching and learning in NM6013 Advanced Practice Clinical Practicum (Nursing) 1 and NM6014 Advanced Practice Clinical Practicum (Nursing)
- Oversee professional development, including personally completing one assessment for Advanced Practice Clinical Practicum
- Assist the student in identifying and meeting two professional learning objectives
- Collaborate with the student to identify professional experiences appropriate to objectives
- Provide and document timely and necessary feedback to the student
- Communicate with the Course Director as required
- Support ANP role development

Yours Sincerely

Signature \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Role \_\_\_\_\_