department of MEDICINE mentoring agreement

**PURPOSE**

This Mentoring Agreement was created to support mentees and mentors in developing a mutual understanding of expectations from the beginning of their relationship.

**AGREEMENTS**

As a mentee, I agree to do the following:

1. Meet regularly with my mentor and maintain communication.
2. Complete and send my individual development plan at least 3 days prior to our meeting
3. Look for multiple opportunities and experiences to enhance my learning.
4. Come prepared to meetings to discuss my progress, next steps, and needed support.
5. Review my progress and adjust my development plan as I work towards my identified goals.
6. Maintain confidentiality of our discussions.

As a mentor, I agree to do the following:

1. Serve as a mentor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and provide guidance, oversight, and encouragement toward achieving the goals outlined in their development plan that is created with my support.
2. Support development of the mentee’s individual development plan and review prior to meetings when applicable
3. Provide feedback regarding their mentorship contract, progress, and experience.
4. Meet in person or communicate regularly with my mentee to review their progress and help them work toward their goals.
5. Maintain confidentiality of our discussions.

If either party finds the mentoring relationship unproductive or requests that it be terminated, we will both honor that decision without question or blame. Termination can be communicated in person or by email.

We agree to meet:

1. How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Will be initiated by?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Adapted from:

Emory University Department of Hematology and Oncology Mentoring Agreement