



Project Mentor Information and Acknowledgement Form (Project Mentor Form)

Student Name: _____

Student ID: _____

Project Mentor Information

Name: _____ Board Certified? Yes No

Credentials: _____ Board Cert. Org. (if applicable): _____

Email: _____ Board Cert. Number (if applicable): _____

Phone: _____ License Number (if applicable) _____

Title in current role: _____ Clinical Site/Employer Name: _____

Years in current role: _____ Clinical Site/Employer Address: _____

Project Mentor Responsibilities

By signing this form, the above named Project Mentor agrees to the following:

- I agree to act as Project Mentor to the student listed above as part of his/her enrollment at the United States University College of Nursing and Health Sciences practice immersion experience.
- I have met with the student regarding their project and agree that I am an appropriate mentor for the project subject.
- I have read the DNP Practice Immersion Handbook and agree to abide by its guidelines.
- I will read the syllabus provided by student or faculty for each immersion course.
- I concur I have access to the project mentor training.
- I understand I will need to confer with the USU practice immersion faculty during midterm and at the end of the course(s) to provide information.
- I agree to mentor no more than 2 DNP students per shift from all schools combined.
- I agree to monitor student hours.
- I agree to complete evaluations of the student and clinical experience, as necessary.

For standard credentialing, please attach the following to this form:

- Current CV/Resume *(We kindly ask that it matches the information provided above.)*
- Professional License (as applicable)
- Board Certification certificate (as applicable)

Project Mentor Signature: _____ Date: _____