



## Project Mentor Information and Acknowledgment Form

United States University  
College of Nursing & Health Sciences  
Office of Field Experience  
DNP

### Project Mentor Information and Acknowledgement Form Instructions

You have been nominated to be a project mentor for an upcoming practice immersion experience for the United States University (USU) Doctor of Nursing Practice (DNP) student listed below. We appreciate your contribution to the training of student DNPs. Thank you for sharing your time, experience, and knowledge. We ask that all project mentors read and sign this document to acknowledge their role as a project mentor. This document has two parts:

1. Project Mentor Onboarding Introduction
2. Project Mentor Information and Acknowledgement Form

### Project Mentor Onboarding Introduction

#### **Project Mentor Onboarding/Training**

All project mentors are expected to review and adhere to the Project Mentor Onboarding and Orientation linked [HERE](#).

#### **Project Mentor Information and Acknowledgement Form**

Complete the Project Mentor Information and Acknowledgement Form. The form requires that all fields are completed.

Please ensure that all information is accurate, including but not limited to, licensing details for credentialing and verification, and contact information so that you receive student evaluation emails.

#### **Next Steps**

- After you have completed the onboarding and Project Mentor Information and Acknowledgement Form, please share a copy with the student.
- This Project Mentor Information and Acknowledgement Form is student and location specific for compliance purposes. Thus, a form is required to be completed for each student and site location where practice immersion experience will occur.
- The Field Experience staff at USU will work directly with the administrator at your facility to establish an affiliation agreement (if not already on file).

#### **Policy on Electronic Signatures**

United States University manages the clinical preparation processes in a nearly paperless environment, which requires reliance on verifiable electronic signatures, as regulated by the Uniform Electronic Transactions Act. Legally, an “electronic signature” can be the person’s typed name, his or her e-mail address, or any other identifying marker. An electronic signature is just as valid as a written signature if both parties have agreed to conduct the transaction electronically. United States University primarily uses DocuSign for the purpose of capturing signatures.

**Thank you again for supporting United States University students.**

#### **Questions about this form?**

Contact the Office of Field Experience (OFE) at [ofe@usuniversity.edu](mailto:ofe@usuniversity.edu) or 1-855-619-6964



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<b>Instructions:</b> <i>This form must be completed by the project mentor. A separate form is required for each student and site.</i>				
<b>Student Information</b>				
Student Name		Student ID		
<b>Project Mentor Basic Information</b>				
Project Mentor Full Name		Project Mentor Credentials ( <i>for ex: FNP, DNP etc.</i> )		
Project Mentor Phone Number		Project Mentor E-mail		
<b>Project Mentor Professional License</b>				
Type of License	<input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> Physician <input type="checkbox"/> Other ( <small>requires additional review and approved on case-by-case basis</small> )			Years of Practice
Highest License Number ( <i>for credentialing purposes</i> )			Highest License State ( <i>for ex: AZ, CA</i> )	
<b>Project Mentor Board Certification (NP Only)</b>				
<i>Please provide acceptable proof of board certification documentation as described in <b>Exhibit A</b>.</i>				
Currently Board Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Board Cert. Organization			Board Certification Number	
<b>Project Mentor Current Employment</b>				
Current Employer/Name of site where student will complete practice immersion				
Physical address of employer/site where student will complete practice immersion				
		Address	City	State      Zip code
Current Title			Start Date of Current Employment (MM/YYYY)	
Primary Duties/Responsibilities ( <i>summarize to provide evidence of clinical competency</i> )				
<b>Project Mentor Employment History</b>				
<i>Complete <b>Exhibit B</b> if you have been with your current employer less than three (3) years.</i>				
<b>Project Mentor Education</b>				
Highest Degree			Major/Degree Concentration	
University/College Name			Month & Year of Graduation (MM/YYYY)	
<b>Project Mentor Acknowledgement</b>				
By signing below I confirm that I have reviewed the information including the project mentor onboarding provided and I am willing and able to meet all requirements of the project mentor role and I confirm the following:				
<ul style="list-style-type: none"> <li>• The student will have access to electronic medical/health record system during the practice immersion experience as appropriate for their project.</li> <li>• If my license or board certification status changes, I will immediately contact the Office of Field Experience (OFE) and pause the practice immersion experience with the student until cleared through OFE.</li> <li>• You have approval from your employer/clinical site to be a project mentor for this student.</li> </ul>				
<b>Project Mentor Signature</b>				
Signature				Date



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### Exhibit A - Proof of Board Certification

#### Provide Board Certification Documentation (NP Only)

*NPs, please provide acceptable proof of board certification documentation via e-mail as described below.*

#### All Board Certification Documents Must:

- Be clear and legible
- Include certification number
- Indicate that the certification is current and valid
  - Includes expiration/end date
  - "Certified" status (or "Meeting Requirements", "Active", etc.)



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## Exhibit B – Project Mentor Employment History

**Instructions:** If you have been with your current employer (listed above) **less than** three (3) years, choose option 1 or 2. You do not need to provide both options.

Option 1: List Employment History			
<i>Provide additional employment history below. USU must have at least three (3) years of employment history on file. Please complete all the sections for each position.</i>			
Employer Name			
Employer City		Employer State	
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Title			
Primary Duties/Responsibilities <i>(summarize to provide evidence of clinical competency)</i>			
Employer Name			
Employer City		Employer State	
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Title			
Primary Duties/Responsibilities <i>(summarize to provide evidence of clinical competency)</i>			
Employer Name			
Employer City		Employer State	
Start Date (MM/YYYY)		End Date (MM/YYYY)	
Title			
Primary Duties/Responsibilities <i>(summarize to provide evidence of clinical competency)</i>			

Option 2: Provide CV/Resume Document
<b>Option 2:</b> In lieu of Option 1, the project mentor may provide their resume/CV via e-mail. <b>However, the current employment must match the information provided on the project mentor information &amp; acknowledgment form.</b>