

NSRDHDTD DH CCP Mentoring Contract Form

Complete the following form and submit to the Quality Assurance Committee (QAC) for approval prior to activity. Please submit 30 to 60 days prior to activity to allow adequate time for the QAC to review the information provided.



**Nova Scotia Regulator of
Dental Hygiene, Dental Technology,
and Denturism**

Submit care of: **Nova Scotia Regulator of Dental Hygiene,
Dental Technology and Denturism**
202-1597 Bedford Hwy, Bedford, NS, B4A 1E7
Email: info@oralhealthns.ca

Registrant Name (Mentee):	Registration #:
Mentor's Name:	Mentor's Qualification
Is the mentor an NSRDHDTD Registrant? Yes No	Mentor Phone #: Mentor email:
Describe the registrant's learning objective(s) and their relation to dental hygiene practice:	
Complete the following information as it relates to this mentoring plan: Describe how you plan to acquire the knowledge/skills identified in the learning objectives. Specify the learning activities that will be used during the mentoring process (300-600 words max).	
Describe the mentors role with this learning plan (250-500 words max).	
Describe the mentor's qualifications that apply to this learning plan (250-500 words max).	
Location where mentorship will take place:	
Project timeline: Start Date:	Completion Date:
Continuing competency credit hours requested:	
Note: As per the NSRDHDTD/CDHNS DH CCP Requirements, NO learning activity may qualify for more than 25 hours.	

Complete this section after the mentorship, and retain documentation in the event of a continuing competency credit audit.

Provide a detailed reflection of how this activity has, or will, enhance your practice and how the information will be, or is, being applied.
(250 - 500 words)

I declare that this mentoring contract is complete and truthful and represents the learning activities as outlined.

Registrant's Signature:

Mentor's Signature:

Date:

Date:

This section is for Quality Assurance Committee use only

Select appropriate option after complete review of documentation

This Mentor Plan has been approved by the QAC for continuing competency credits being requested.

Date:

This Mentor Plan and related activities have been denied by the QAC. Comment if modifications are required prior to resubmission:

Date: