

Dental Hygienist Quality Assurance Program Mentoring Contract Approval Form

This form is to be completed by the dental hygienist registrant who is being mentored. The form must be submitted to the BCCOHP QAP Coordinator for Dental Hygiene 60 days prior to activity being completed to allow adequate time for the BCCOHP to review information provided.

Registrant Name (person who will be mentored):	Registration #:
Mentor's Name:	Mentors Contact: Phone #: Email:
Describe the Registrant's Learning Objective(s) and the relation to dental hygiene practice (this is the final outcome desired from the mentorship):	
Describe how you plan to acquire the knowledge/skills identified in the Learning Objectives and specify the specific learning activities what will be used during the mentoring process (300-600 words max):	
Describe the mentor's role with this learning plan:	
Describe the mentor's qualifications that apply to this learning plan:	
Location where mentorship will take place:	
Projected timeline: Start Date: _____	Completion Date: _____
Continuing Competency Credits requested: (Maximum 20 credits will be awarded)	
Registrant (Mentor) Signature: _____	

This section is to be completed after the mentorship and retained as 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 max):**

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

Registrant Signature:

Date:

Mentor Signature:

Date:

This section is for BCCOHP use only

Select appropriate option after complete review of documentation

This Mentoring Plan has been approved by the BCCOHP for continuing competency credits being requested.

DATE: _____

This Mentoring Plan and related activities have been approved by the BCCOHP with a limit of _____ continuing competency credits.

DATE: _____

This Mentoring Plan and related activities have been denied by the BCCOHP. Comment if Modifications are required prior to resubmission:

DATE: _____