



Please complete the following information and provide the necessary documentation.

<b>General Member Name (Mentee)</b>		<b>CRDHA ID#</b>
<b>Mentee Phone Number</b>	<b>Mentee Email</b>	
<b>Mentor Name</b> Is Mentor a CRDHA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes: CRDHA ID #</b>

**Mentee's Learning Objective**

**Project, Purpose and Mentor Qualifications:** Please provide an attachment which includes the following components:

- Identify learning needs;
- Describe the mentoring activity/project;
- Describe how the mentoring experience will benefit the mentee's practice of dental hygiene;
- Describe how the mentee plans to acquire the required knowledge and/or skills;
- Describe the learning activities to be undertaken to address the learning needs;
- List relevant scientific references/sources which you anticipate will be used to support your learning;
- Describe the role of the mentor in helping the mentee acquire the learning; and
- Describe the mentor's qualifications as they relate to this project.

**Anticipated Timeline** (Entire timeline cannot exceed one reporting period.)

<b>Start Date</b>	<b>Finish Date</b>
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**Continuing Competence Program Credits requested** \_\_\_\_\_ (Maximum 25 program credits per learning activity)

<b>For Mentee</b>	<b>For Mentor</b> (if applicable)
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I declare that a mentoring contract has been developed and signed regarding the above mentoring project/activity. It is not necessary to attach a copy of the contract itself.

<b>Mentee signature</b>	<b>Mentor signature</b>
<b>Date</b>	<b>Date</b>

This request for advance consideration of program credits (directed study/mentoring) must be received by CRDHA at least 60 (sixty) days prior to the anticipated start date to allow adequate time for the Competence Committee to determine program credits.