



# Mentorship Recipient Contract

This contract must be completed before the practitioner engages in a mentorship (Activity Type 220: Mentorship Recipient; see activity type definition in the Professional Development Portfolio Guide).

Retain this document in case of audit.

**Practitioner Name:**

Practitioner CDR Credential:      RD      DTR

Practitioner CDR Registration Number:

**Mentor Name:**

Mentor Title:

Mentor Institution:

Mentor Phone Number:

**Learning Outcomes**

Stated learning outcomes must apply to professional or inter-professional nutrition and dietetics practice or intended practice as defined by the Essential Practice Competencies. Outcomes must be measurable or observable and clearly stated.

What are the intended learning outcomes of this activity?

How will the practitioner know if they have achieved the learning outcome(s)? How will achievement be measured?

### **Spheres and Competencies**

Which spheres and competencies from the Essential Practice Competencies does this activity address? List all that apply.

### **Target Number of Hours to Accomplish Learning Outcome(s)**

All hours must be tracked to receive CPEUs for this activity (2 hours = 1 CPEU; the maximum CPEUs allowed per five-year recertification cycle under activity Type 200 is 50 for RDs and 35 for DTRs).

How much time will the practitioner spend achieving the learning outcome(s)?

### **Target Completion Date:**

### **Practitioner and Mentor Agreement**

By signing below, both the practitioner and mentor agree to the details of this contract.

Practitioner Signature

Date

Mentor Signature

Date

---

### **Complete this section after learning outcome(s) have been achieved.**

I (mentor name) verify that that (practitioner) has produced evidence of achievement of learning outcome and devoted (number) of hours toward achieving learning outcome(s).

Describe the evidence and attach documentation, if applicable.

Mentor Signature

Date