



**Clinical Research Coordinator Mentoring Program  
(for Mentees)**

**Supervisor Statement of Support**

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

By completing and signing below, I acknowledge and support the applicant stated above to participate as a mentee in the Emory University and Children's Healthcare of Atlanta Clinical Research Coordinator Mentoring Program. I understand that there is a time commitment for mentees that could include:

- Orientation and introduction to mentor
- Ongoing meetings and trainings with mentor
- One year commitment to the program after matching
- Submission of evaluation forms

I encourage and support this applicant's participation in the mentorship program.

Supervisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_