



Clinical Research Coordinator Mentoring Program

(for Mentors)

Supervisor Statement of Support

Applicant Name: _____

Title: _____

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

- Orientation and introduction to mentee
- Ongoing meetings and trainings with mentee
- 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: _____

Division: _____

Email: _____

Phone Number: _____

Signature: _____ Date: _____