



Clinical Research Coordinator Mentoring Program

Mentoring Agreement

The purpose of this mentoring agreement is to provide recommendations to the mentor and mentee in documenting mutually agreed upon goals and considerations that will drive the basis for the mentoring relationship. Prior to the first meeting, the mentor and mentee will complete this agreement individually. During the first meeting the mentor and mentee will work together to create a final agreement based on mutually agreed upon outcomes. They will sign it and return a copy to nadine.spring@emory.edu.

Mentee Name: _____

Mentor Name: _____

1. **Meeting logistics:** (frequency, duration, location, responsibility for scheduling meetings, etc). We recommend that the mentee take responsibility to schedule a time and location for the meetings.

2. **Mentee Goals for six weeks, six months, and one year:** (consider onboarding training, professional development, organizational culture, Pediatric Institute, professional development, resources, networking, etc.)



3. **Communication:** (challenging situations, feedback, effective relationships, etc.)

[Empty text box for communication details]

4. **Rules for Mentor/Mentee Relationship:** (respect, feedback, structure of meetings, methods of communications, etc.)

[Empty text box for rules for mentor/mentee relationship]

5. **Duration:** (The mentorship relationship will continue for at least one year (this is what the program requires). If both parties agree to continue past one year, include date range of relationship.)

[Empty text box for duration details]

Mentee Signature: _____

Date: _____

Mentor Signature: _____

Date: _____