## **Preceptor/Mentor Form**

Clinical Nurse Recognition Program

Name	Employee #	Date	
Preceptor/Mentor Recipient Name:		Dept	
Indicate training program type for Huntington Employees:			
This form is to be used for documentate  Date Preceptorship/Mentorship Began	tion of all Precepto	r & Mentor activities for Huntington	Employees.
(Preceptoring/Mentoring must be within a lf this is related to mentoring, briefly explain preceptoring/training of new employees to the experience level of the new employee department).	ain why you agreed to by your department, p	o mentor this person. If this is related to lease list dates or date ranges for the t	raining and
Narrative: (Include description of activities Include complete narrative here o	•	receptor/mentor role)	
Include Narrative from Recipient that illus success. (If still employed)  Include complete narrative here o		or relationship has had an impact on hi	s/her
Signature of Recipient (Mentee):  If employee is no longer at Huntington, or no above.  I attest that all information contained with			
Signature of Applicant:			

