



CTCMPANL MENTORSHIP GUIDANCE CONTRACT

❖ The Mentorship period is to observe, evaluate and direct the clinical performance of the applicant

| SECTION 1: CONTACT INFORMATION | | |
|---------------------------------------|----------------|---------------------|
| APPLICANT | | |
| First Name | Last Name | |
| Home Telephone | Bus. Telephone | Registration Number |
| | | |
| | | |
| MENTOR | | |
| First Name | Last Name | |
| Home Telephone | Bus. Telephone | Registration Number |

| SECTION 2: PROPOSED INITIAL MENTORSHIP PERIOD | |
|--|--|
| Contract Start Date: _____ / _____ / _____ DD MM YY | Contract End Date _____ / _____ / _____ DD MM YY |

| SECTION 3: TIME ALLOCATION |
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| <p>The Applicant will be mentored at a minimum rate of 20 hours per. week during the required 200 hr. mentorship period.</p> <p>Any adjustment of these hours requires the agreement of both the Mentor and applicant and approval of the CTCMPANL Board.</p> |

| SECTION 4: METHOD OF GUIDANCE | | | | | | | | |
|---|---------------------------------------|---------------------------------------|-------|-----------------|-------|---------------------------------------|-------|---------------------------------|
| Check methods applying to mentorship plan: _____ <table style="margin-left: 20px; border: none;"> <tr><td>_____</td><td>Observation of Applicant with Clients</td></tr> <tr><td>_____</td><td>Reviewing files</td></tr> <tr><td>_____</td><td>Administrative management discussions</td></tr> <tr><td>_____</td><td>Clinical management discussions</td></tr> </table> | _____ | Observation of Applicant with Clients | _____ | Reviewing files | _____ | Administrative management discussions | _____ | Clinical management discussions |
| _____ | Observation of Applicant with Clients | | | | | | | |
| _____ | Reviewing files | | | | | | | |
| _____ | Administrative management discussions | | | | | | | |
| _____ | Clinical management discussions | | | | | | | |

| SECTION 5: COMMUNICATION | | | | | | | | | | |
|---|-----------------------|-----------------------|-------|-----------------------|-------|-----------------------|-------|-------|-------|-----------------|
| Check methods applying to mentorship plan: ----- <table style="margin-left: 20px; border: none;"> <tr><td>_____</td><td>Face to face meetings</td></tr> <tr><td>_____</td><td>Written Communication</td></tr> <tr><td>_____</td><td>Telephone conferences</td></tr> <tr><td>_____</td><td>Email</td></tr> <tr><td>_____</td><td>Other (specify)</td></tr> </table> | _____ | Face to face meetings | _____ | Written Communication | _____ | Telephone conferences | _____ | Email | _____ | Other (specify) |
| _____ | Face to face meetings | | | | | | | | | |
| _____ | Written Communication | | | | | | | | | |
| _____ | Telephone conferences | | | | | | | | | |
| _____ | Email | | | | | | | | | |
| _____ | Other (specify) | | | | | | | | | |

| SECTION 6: MENTORSHIP PLAN | |
|--|-----------------|
| <i>Evaluation Skills</i> | |
| Individual Goals | Approach |
| | |
| | |
| <i>Treatment Skills</i> | |
| Individual Goals | Approach |
| | |
| | |
| <i>Management Skills</i> | |
| Individual Goals | Approach |
| | |
| | |
| <i>Interaction Skills</i> | |
| Individual Goals | Approach |
| | |
| | |
| <i>Other Comments</i> | |
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| SECTION 7: APPLICANT'S DECLARATION | |
| <ol style="list-style-type: none"> 1. I understand that I will be assessed with respect to the practice standards in the Mentorship Skills Inventory and will undertake to acquire the skills, knowledge and behavior to demonstrate my competence to practice. 2. I agree to comply with the regulations, by-laws and policies of the NLCHP and CTCMPANL. 3. I agree that I shall only practice under the mentorship of the person named in this contract. 4. I agree to obtain the approval of the College for any proposed changes to my Mentorship Guidance Contract prior to the changes occurring. 5. I agree to collect evidence of compliance for my mentor's review. | |
| _____ | _____ |
| Signature of Applicant | Date |

SECTION 8: MENTOR'S DECLARATION

1. I agree that I will review the practice standards with the Applicant and identify the skills, knowledge and behavior necessary.
2. I agree to assess the Applicant to determine if she/he has the required skills, knowledge and behavior to meet the practice standards to become a General Status member.
3. I agree to mentor the above named Applicant in accordance with the College regulations and policies regarding mentorship
4. I agree to notify the College immediately if I am no longer able or willing to continue to fulfill my responsibilities as a Mentor.
5. I agree to review the Applicant's progress and complete evaluation reports throughout the mentorship period.
6. I agree to review the Applicant's progress and complete a final assessment report at the end of the mentorship period.
7. I agree to intervene immediately should I become aware of practice that may result in harm to the patient/client.

_____ Date

Signature of the Mentor

SECTION 9: APPLICANT AND MENTOR AGREEMENT

We agree to the following process:

1. To review the skills set out in the Mentorship Skills Inventory and identify areas requiring specific attention.
2. To develop an action plan to ensure that the Applicant gets advice and guidance in the areas of need to acquire the necessary skills, knowledge and behavior for compliance

_____ Date

Signature of the Mentor

_____ Date

Signature of Applicant

| For College Use Only | |
|---------------------------------------|------------------------------------|
| Approved by: | Date Approved: |
| Initial MRRF Due Date: | Final MRRF Due Date: |
| DD ____ / ____ / ____ MM YY | ____ / ____ / ____ DD MM YY |

SAMPLE GOALS – TCM

| SECTION 6: MENTORSHIP PLAN | |
|--|--|
| <i>Evaluation Skills</i> | |
| Individual Goals | Approach |
| To further develop my assessment and diagnostic skills. | To complete assessments/evaluations and discuss the assessments/evaluations with my Mentor. Also, to do additional reading about assessment/evaluation skills. |
| <i>Treatment Skills</i> | |
| Individual Goals | Approach |
| To learn more about various treatment methods (i.e laser) and point selections. | Observe Mentor, read Mentor's treatment plans, read about lasers and their specific features, read about treatment approaches |
| <i>Management Skills</i> | |
| Individual Goals | Approach |
| To effectively manage caseload, see clients in a timely manner and keep and maintain organized and accurate records. | Discuss caseload with Mentor, schedule adequate time for client appointments, complete reports on time and keep reports and other client information up to date and organized. |
| <i>Interaction Skills</i> | |
| Individual Goals | Approach |
| To ensure that clients understand the assessment procedure and intervention approach. | Observe Mentor during client interactions and attempt to use language that is appropriate to the age and cognitive abilities of the client. |
| <i>Other Comments</i> | |
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SAMPLE GOALS – TCM

| SECTION 6: MENTORSHIP PLAN | |
|--|--|
| <i>Evaluation Skills</i> | |
| Individual Goals | Approach |
| To further develop assessment and diagnostic skills including collecting appropriate case history information, formal assessment and interpreting results. | Read journal articles on assessment review case studies, attend webinar or workshop on assessment, discuss assessment and interpretation of assessment results with Mentor. |
| <i>Treatment Skills</i> | |
| Individual Goals | Approach |
| To become more knowledgeable about TCM disorders and improve treatment of clients | Read journal articles and text books on TCM disorders and treatment, observe Mentor treating clients, work with Mentor to develop appropriate goals, observe treatment session(s), self-analyze the session and discuss with Mentor and discuss therapy sessions to determine effectiveness and make changes as necessary. |
| <i>Management Skills</i> | |
| Individual Goals | Approach |
| To be able to effectively manage caseload including scheduling clients, completing documentation in a timely manner and prioritizing caseload. | Discuss caseload management decisions with Mentor. |
| <i>Interaction Skills</i> | |
| Individual Goals | Approach |
| To further develop counseling skills with clients who have communication difficulties. | Observe Mentor counsel clients, discuss information to be relayed to a client with Mentor, discuss approach to presenting information and self-analyze session and discuss with Mentor. |
| <i>Other Comments</i> | |
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