



# Mentorship Recipient Contract

*This contract must be completed before the practitioner engages in a mentorship (Activity Type 220: Mentorship Recipient; see activity type definition in the Professional Development Portfolio Guide).*

*Retain this document in case of audit.*

## **Practitioner Name:**

Practitioner CDR Credential:      RD      DTR

Practitioner CDR Registration Number:

## **Mentor Name:**

Mentor Title:

Mentor Institution:

Mentor Phone Number:

## **Learning Outcomes**

*Stated learning outcomes must apply to professional or inter-professional nutrition and dietetics practice or intended practice as defined by the Essential Practice Competencies. Outcomes must be measurable or observable and clearly stated.*

What are the intended learning outcomes of this activity?

How will the practitioner know if they have achieved the learning outcome(s)? How will achievement be measured?

### **Spheres and Competencies**

Which spheres and competencies from the Essential Practice Competencies does this activity address? List all that apply.

### **Target Number of Hours to Accomplish Learning Outcome(s)**

*All hours must be tracked to receive CPEUs for this activity (2 hours = 1 CPEU; the maximum CPEUs allowed per five-year recertification cycle under activity Type 200 is 50 for RDs and 35 for DTRs).*

How much time will the practitioner spend achieving the learning outcome(s)?

### **Target Completion Date:**

### **Practitioner and Mentor Agreement**

*By signing below, both the practitioner and mentor agree to the details of this contract.*

Practitioner Signature

Date

Mentor Signature

Date