

## CRN Mentorship of Novice Investigator(s) Verification Record

To claim mentorship hours for certification or recertification, you must complete this form. Use as many forms as necessary to record all mentorships. The supervisor/coordinator or faculty member responsible for your mentorship must verify the experience(s) by signing this form. Credit will be given in blocks of 5 points only (e.g., the number of hours must total no less than 80 for the first 5 points and an additional 80 hours for the next 5 points).

Candidate's First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

*Please list mentoring sessions in chronological order according to date of the session*

(1) Date mentorship began Use format: M/D/Y	(2) Date mentorship ended Use format: M/D/Y	(3) Mentee Type	(4) Type "other" Description	(5) Mentee's Employer (e.g. Institution name)	(6) Total hours of mentorship (round to nearest 15 minutes)	(7) Audit Use Only

My signature on this form affirms that the above-named clinical research nurse candidate has completed mentorship sessions with the clinical research investigators listed above that collectively equal at least 80 hours.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

Employer \_\_\_\_\_