

NR 690 Capstone Project Mentor Form

**NOTE: Mentors must submit this form and résumé to course instructor prior to the beginning of the course.*

Mentors for NR690 are indicating by their signature below that they have completed their employer health care agency requirements as a condition of their employment. These requirements may include, but are not limited to the following; CPR, HIPAA training, OSHA Blood Borne Pathogen training, immunizations, tuberculin skin test (PPD) or chest X-Ray, current health insurance, Hepatitis B vaccine or waiver, and a criminal background check.

The qualifications of a mentor are a BSN or BS in a health-related field **AND** a graduate degree* and currently employed at the facility at which the capstone project is being performed.

Student name: _____

Mentor name: _____

Mentor position/title: _____

Mentor email: _____

Mentor work address: _____

Mentor phone #: _____

Unencumbered nursing license: YES NO

License # and state: _____

Mentor name (printed): _____

Mentor signature: _____ Date: _____

Please return this document **and** mentor résumé by email, fax, or regular mail to the course instructor.

**The graduate degree requirements can be waived with approval of Academic Program Director.*