

Colorado APTA Mentorship Program - Continuing Competency Documentation Form

Mentor name: \_\_\_\_\_

APTA ID number: \_\_\_\_\_

Mentee name: \_\_\_\_\_

Mentee's goal : \_\_\_\_\_

Please fill in the table below with information from your mentorship sessions:

Date of meeting	Length of meeting and mode of communication	Notes about contents of meeting

Total hours of mentorship completed: \_\_\_\_\_

Was the mentorship goal accomplished?  Yes  No  Still in progress

Please write a brief paragraph reflecting on your experience as a mentor, including why the goal(s) were or were not met:

Please attach a copy of your mentee's goal worksheet from your initial mentorship meeting with your submission of this form.