

6 Month Program

New UMC employee

1st Month Agenda	Mentor Initials
Introduction	
Identify clinical area, start date, preceptor, Nurse Director, and clinical background. Exchange phone numbers, and email addresses.	
Mentoring Program Overview	
Did you review the Mentor Policy (NA 162.0) and expectations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you sign the 6 month contract/agreement ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Licensure	
Have you taken your NCLEX?	
Do you have your GN permit or are you licensed?	
Have you passed your NCLEX?	
**If failed: Switch to "ALTERNATIVE RN TO NT AGENDA" **	
Have you turned in your NCLEX receipts into Nursing Education?	
Do you have access to UMC email? Do you know where to find your pay stubs?	
Have you turned in all your forms to HR for insurance? (31 days)	
Orientation / Schedules (NA 120-Scheduling Policy)	
Do you know when the GN residency program starts?	
What shift are you orienting on? _____ What shift did you get hired for? _____	
How is your orientation going? What types of assignments are you having?	
How many patients are you taking? _____	
What feedback are you receiving?	
Do you know how to request a day off? Who to call when you are sick?	
Do you know who does your payroll?	
Have you heard of Wait From Home? Living Well Express Clinics (United & the Mall)	
Staff Meetings	
Do you know when your departmental staff meetings are scheduled? (80% required)	
Dress Code/T-shirt (Policy HR 0.5)	
Don't forget the "6 month Contract/Agreement" form	

Mentee Printed Name

Mentor Printed Name

Mentee Signature

Mentor Signature

Date

Date