1ˢᵗ Month Agenda	Mentor Initials
Introduction	
Identify clinical area, start date, shift designation, preceptor, Nursing Director, and clinical background.	
Mentoring Program Overview – review policy (**NA 162.0**), expectations, sign contract.	
What activities do you like to do outside of work?	
Licensure Have you taken your NCLEX? When are you scheduled to test?	
Do you have a GN permit or RN license?	
If failed: Switch to "ALTERNATIVE RN TO NT AGENDA"	
Did you turn your NCLEX receipts into Nursing Education?	
HR Benefits Have you turned in all your forms to HR for insurance? (31 days)	
Dress Code/T-shirt (**Policy *HR 0.5)***	
Nurse Staffing: How does your unit staff? (Nurse Care Hours or Core Staffing)	
Nursing Care Hours: calculated based upon patient census	
How comfortable do you feel about staffing in your unit? _____	
Computer Navigation Navigation of the UMC Intranet and UMC internet	
Workday Portal for HR/Benefit Information	
Do they know how to: ☐ Locate Nursing Policies ☐ Locate standing orders, consents, UMC forms, etc.	
Computer Documentation What is your comfort level with documentation via Cerner/INET?	
Staff Meetings Do you know when your departmental staff meetings are scheduled? 80% requirement	
Don't forget the "3 month Transition Contract/Agreement" form	

_____   _____
Mentee Printed Name   Date   Mentor Printed Name   Date

_____   _____
Mentee Signature   Date   Mentor Signature   Date