**<Name of your program goes here>**

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| **Residency Mentor Qualifications (Standard 5)** | | | | | |
| Residency mentor name (last, first, initial): | | | | | |
| Residency mentor employer: | | | Employer address: | | |
| Residency mentor daytime phone: | | | Residency mentor email: | | |
| Years residency mentor has worked for this employer: | | How many hours per week does this residency mentor work for this employer? | | | Has this residency mentor previously supervised students?  □ Yes □ No |
| Residency mentor’s highest degree achieved: | | | Residency mentor’s professional credentials: | | |
| What licensure or professional certification is required for this role as a practitioner? | | | | | |
| Check the rotations for this residency mentor and facility: | | | | | |
| □ Clinical Rotation | □ Foodservice Rotation | | | □ Community Rotation | |
| □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| Other Information: | | | | | |