**<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:  |