



Registered Nurse (Graduate Nurse Practitioner) Mentor Form

Declaration

I have read and understand the requirements of registered nurse (graduate nurse practitioner) registration as outlined below.

I _____, _____ agree to be a mentor for _____
Mentor name Designation Applicant name

I agree to:

- support their professional nursing practice through discussion of integration of theory to nurse practitioner practice
- supervise their practice and provide a co-signature on prescriptions and diagnostic tests
- regularly meet with the individual
- review and sign the individual's mentor reports (see example) that must be submitted to the College every three months

Mentor signature

Date

Return Form

College of Registered Nurses of Manitoba

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