



College of
Registered Nurses
of Manitoba

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Graduate Nurse Practitioner Mentor Reporting Form

The purpose of this mentoring relationship is to support the graduate nurse practitioner, or RN(GNP), through dialogue about RN(GNP) practice and discussion of application of theory. The relationship will help develop confidence so the RN(GNP) can identify and explore situations where there is a gap in knowledge, skill, attitude or accountability.

Name of RN(GNP) _____
Registration #

Reporting Information

_____/_____/_____ to _____/_____/_____
Month Day Year Month Day Year

Please provide a list of the conversations you have had with the RN(GNP). These could be about prescribing medication, ordering and interpreting diagnostics, minor surgical or invasive procedures, interpersonal communication, organization and time management, accountability, responsibility, conflict resolution, or any other relevant topics.

Meeting Date	Topic
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mentor Information

RN(EP)/NP or Physician Mentor Name: _____
 Position: _____ Facility: _____
 Phone: _____ Email: _____

Please submit completed form to:
 Tammy Murdoch RN BN MN
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