



*Department of Radiology*

Contact: [po2@u.washington.edu](mailto:po2@u.washington.edu)

## Mentoring Agreement Form

Print Name of Mentee: \_\_\_\_\_

Print Name of Mentor: \_\_\_\_\_

We are voluntarily entering into a mentoring relationship that we expect to be a beneficial, rewarding experience for both of us. We intend for most of our time together to be spent in substantive development activities. To fully understand our mentoring relationship, we have noted the following features:

- **Confidentiality** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Duration of relationship** \_\_\_\_\_  
\_\_\_\_\_
- **Frequency of meetings** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Approximate amount of time to be invested by mentor** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Specific role of the mentor (guide, role model, observe and give feedback, facilitate learning, recommend developmental activities, suggest/provide research, etc.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ We have discussed the specifics of the mentoring experience as a developmental opportunity.
- ☐ The skill areas to be developed during this time frame and mentoring relationship are noted as written goals and objectives that the mentee will work to achieve.
- ☐ We agree to a no fault conclusion of this mentoring relationship if for any reason it seems appropriate.

\_\_\_\_\_  
Mentor Signature                      /                      Date

\_\_\_\_\_  
Mentee Signature                      /                      Date