**School Nurse Induction Program**

**Mentor Request Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of employment: .

Preferred Mailing Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_ \_\_\_\_\_\_\_ Cell:

Email (home): (work):

Academic Credentials (please circle all that apply): AD BSN BA/BS MS/MA MSN Have you applied for your Initial License from CDE? If yes, date

Previous school nursing experience:

Nursing experience (years and type):

**School Information:**

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of buildings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of students: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Fax: Email (preferred):

Supervisor:

**Primary Mentor Information:**

Name:

Mailing Address:

City: State: Zip:

Phone: Cell: Email (wk):

Email (hm):

**Secondary Mentor Information**:

Name:

Mailing Address:

City: State: Zip:

Phone: Cell: Email (wk)l:

Email (hm):