



# Quality Assurance Program Directed Study/ Mentoring Contract Form

Complete the following form and submit to the Quality Assurance Committee for approval prior to activity. Form must be completed 60 days prior to activity to allow adequate time for the QAC to review information provided.

Submit care of:

College of Dental Hygienists of BC  
300-388 Harbour Road  
Victoria, BC V9A 3S1

Registrant Name:	Registration #:
Mentor's Name:	Mentor's Qualifications:
Is the mentor a CDHBC Registrant?  Yes No	Mentor Phone # _____  Mentor email: _____
Describe the Registrant's Learning Objective(s) and the relation to dental hygiene practice:	
Describe how you plan to acquire the knowledge/skills identified in the Learning Objectives and specify the learning activities what will be used during the mentoring process ( <b>300-600 words max</b> ).	
Describe the mentor's role with this learning plan.	
Describe the mentor's qualifications that apply to this learning plan.	
Location where mentorship will take place:	
Projected timeline: Start Date:	Completion Date:

Continuing Competency Credits requested:  
(Maximum 20 credits will be awarded)

Registrant:

**This section is to be completed after the mentorship and retained as documentation in the event of a continuing competency credit audit.**

Provide a detailed reflection of how this activity has or will enhance your practice and how the information will be or is being applied. **(250-500 words max)**

I declare that this mentoring contract is complete and truthful, and represents the learning activities as outlined.

**Registrant Signature:**

**Date:**

**Mentor Signature:**

**Date:**

**This section is for Quality Assurance Committee use only**

*Select appropriate option after complete review of documentation*

This Mentor Plan has been approved by the QAC for continuing competency credits being requested.

DATE: \_\_\_\_\_

This Volunteer Plan and related activities have been approved by the QAC with a limit of \_\_\_\_\_ continuing competency credits.

DATE: \_\_\_\_\_

This Mentor Plan and related activities have been denied by the QAC. Comment if Modifications are required prior to resubmission:

DATE: \_\_\_\_\_