

# Health Services Officer Mentoring Program

## Program Completion Checklist

<b>MENTEE INFORMATION:</b>	
Name:	Operating Division:
Position:	HSO Mentee Confirmation Date:
<b>MENTOR INFORMATION:</b>	
Name:	Operating Division:
Position:	HSO Mentor Confirmation Date:
<b>PROGRAM ENROLLMENT</b>	
<input type="checkbox"/> Complete Mentoring Online Application <input type="checkbox"/> Complete and Sign Mentoring Agreement	
<b>INDIVIDUAL DEVELOPMENT PLANNING</b>	
<input type="checkbox"/> Mentee Reviews HSO Benchmarks to evaluate and identify needs  <input type="checkbox"/> Mentee develops Individual Development or Action Plan for year	<input type="checkbox"/> Mentor Reviews HSO Benchmarks  <input type="checkbox"/> Mentor reviews Mentee's Individual Development Plan or Action Plan and provides further suggestions for benchmark focus and developmental suggestions
<b>ORIENTATION</b>	
<input type="checkbox"/> Mentee set up initial meeting with Mentor (either by phone, in person or a computer live based meeting format). <input type="checkbox"/> Meeting Schedule is developed.	
<b>PROGRAM EVALUATION</b>	
<input type="checkbox"/> Mentee completed 6-month Mentoring Progress Report <input type="checkbox"/> Mentee completed 1-year Program Evaluation <input type="checkbox"/> Mentor completed 6-month Mentoring Progress Report <input type="checkbox"/> Mentor completed 1-year Program Evaluation	

