**FACULTY REQUEST FOR MENTORSHIP / CONSULTATION RELATED TO USE OF *FOUNDATIONS, COMPETENCIES, CURRICULAR GUIDELINES FOR*  *BASIC TO ADVANCED HOLISTIC NURSING EDUCATION,* FIRST EDITION, 2017.**

**Please download and type in the relevant sections of the form,**

**submit your processing fee ($25.00), and**

**send to** [**ahncc@flash.net**](mailto:ahncc@flash.net)

**REQUEST FOR MENTORSHIP /CONSULTATION**

Contact Person: First       Middle Initial       Last

Credentials:       Title:       Email:       Telephone:

Institution: Name       Address       City       State       Zip

Dean/Director of Nursing:

A $25.00 processing fee is required. To pay by PayPal, click [here](https://www.paypal.com/cgi-bin/webscr?cmd=_s-xclick&hosted_button_id=A3PLFS6KS949Y).

Check one: Mentorship  Consultation  Mentorship followed by Consultation

Describe what you wish to achieve with the help of your mentor/consultant      .

State at least one goal you wish to achieve during your mentorship sessions      .

Your preferred dates range from (e.g. 5/1/18 to 5/30/18)       to      .

Your preferred day(s) of the week are (e.g. Tues, Thurs, or Fri)      .

Your preferred time of the day is from (e.g. 3-5 pm)       to      .

Your preferred length of time for the first meeting (e.g 60 minutes      .

The number of people you anticipate who will attend your meetings

Your preference for the first meeting: Zoom  Skype  Go-to-meeting  Conference calls  Other options :      .

Considering the list of Mentors/Consultants, your requests are:

1st choice:      ; 2cd choice      ; 3rd choice       .

Other comments

**Mentorship Agreement Form**

**If applying for Mentorship**, please check the box to indicate your agreement, and type in your name (as electronic signature) and date.

Forward the entire document to [**ahncc@flash.net**](mailto:ahncc@flash.net).

By signing below, you understand and agree that:

A maximum of four (4) hours of complimentary mentorship will be provided depending on the accessibility of mentors. Following that, if you want additional assistance, you can contract with a consultant for online or onsite consultation.

In preparation for a Mentoring-Relationship, you are responsible for:

1) Reading *Foundations, Competencies, and Curricular Guidelines for Basic to Doctoral Holistic Nursing Education, First Edition* (Curriculum Guidelines).

2) Discussing the Curriculum Guidelines with a cohort of faculty to clarify what you aim to achieve with your mentor.

3) Identifying at least one goal you aim to achieve with assistance from your Mentor.

4) Listening to webinars 101-104 as well as others relevant to your outcome expectations.

While AHNCC will help you connect with an appropriate Mentor of your choice, AHNCC assumes no responsibility for the processes between you and the Mentor, the processes used during your relationship with your mentor, nor the outcomes of your Mentor-Mentee Relationship.

Electronic signature:       Date

**Consultation Agreement Form**

**If applying for Consultation,** please check the box to indicate your agreement, and type in your name (as electronic signature) and date.

Forward the entire document to [**ahncc@flash.net**](mailto:ahncc@flash.net).

By signing below, you understand and agree that:

A minimum of one complimentary mentorship session will be held prior to the consultation to help you clarify your goals and objectives for the face-to-face meeting.

In preparation for a Consultation, you are responsible for:

1) Reading *Foundations, Competencies, and Curricular Guidelines for Basic to Doctoral Holistic Nursing Education, First Edition* (Curriculum Guidelines).

2) Discussing the Curriculum Guidelines with a cohort of faculty to clarify what we aim to achieve with our mentor.

3) Listening to webinars 101-104 as well as others relevant to our outcome expectations.

4) Completing at least one complimentary mentorship session to clarify our goals and objectives for the consultation

While AHNCC will help you connect with an appropriate Consultant of your choice, AHNCC assumes no responsibility for the processes between you and the Consultant, the processes used during your relationship with your Consultant, nor the outcomes of your relationship.

Electronic signature:       Date