

# Emerging Leader Fellowship

*Offered by Synova Associates in conjunction with the  
National Association of Neonatal Nurses*

## Mentor Agreement Form

Name of Prospective Emerging Leader Fellow: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

In support of the application of the Emerging Leader named above, I agree that, should he/she be accepted to the Emerging Leader Fellowship, I will:

- In conjunction with Emerging Leader, identify/develop goals for professional development during the fellowship.
- Meet with Mentee once each month to review/discuss program assignments and other topics as requested by the mentee.
- Serve as an advisory (in conjunction with the Program Director) for the Case Study/Project selected by the mentee
- Write a short summary of Fellow's progress at the end of the program in May 2019 and submit to the Emerging Leader Fellowship Program Director

My signature below indicates agreement: \_\_\_\_\_

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