



# NJCOMO Magnet Mentor Registration Form



## Mentor Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Hospital : \_\_\_\_\_  
*Hospital Name*

\_\_\_\_\_  
*Hospital Address*

Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email: \_\_\_\_\_

Current Position: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Certification(s): \_\_\_\_\_

Length of Service: \_\_\_\_\_

Single Hospital     System Hospital

Number of Beds: \_\_\_\_\_

Date Became MPD: \_\_\_\_\_

# of Magnet Documents Written/Edited: \_\_\_\_\_

# of Site Visits Participated in: \_\_\_\_\_

# of Site Visits Coordinated: \_\_\_\_\_

<b>List Experience/ Areas of Expertise</b>	<input type="checkbox"/> Research <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Quality <input type="checkbox"/> Other:
<b>Self-Assessment of MPD Expertise</b>	<input type="checkbox"/> Novice <input type="checkbox"/> Advanced Beginner <input type="checkbox"/> Competent <input type="checkbox"/> Proficient <input type="checkbox"/> Expert