

Mentor Report

Associate Registration



Mentor Details	
Name	
Phone	
Email	
Name of Applicant	
Time period of mentoring	

Mentoring	
Were the meetings (number and content) you had with the applicant satisfactory?	
Describe any challenges the applicant has faced, and steps to overcome the challenges	
How did the applicant respond to your feedback?	
Would you recommend the applicant be accepted as an Associate Registered Nutritionist? If not,	

please state your concerns.	
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Mentoring	Rate on a scale of 1-5.				
	<i>Not at all achieved</i>				<i>Fully</i>
The applicant has made progress in meeting their goals.	1	2	3	4	5
The applicant has maintained continuing competency.	1 5	2	3	4	
The applicant displays professional competence in their field of nutrition.	1 5	2	3	4	
The applicant has gained experience in their field of nutrition.	1 5	2	3	4	
The applicant has standing in their profession.	1 5	2	3	4	

Signed:

Date: