

Texas Board of Occupational Therapy Examiners

Mentorship Agreement: Instructions

- **This form is optional. You may create or use another form, but such must meet the requirements as per the Board's Rules for mentorship and CE.**
- **Please make copies and/or attach additional pages as needed.**

General Information:

Please see the excerpt below from the OT Rules regarding mentorship. There are additional rules regarding CE in the OT Rules and Practice Act. Please [click this link](#) to access the full OT Rules and Practice Act.

Excerpt from §367.2(6) of the OT Rules:

(6) Mentorship.

(A) Participation as a mentor or mentee for the purpose of the development of occupational therapy skills by a mentee under the guidance of a mentor skilled in a particular occupational therapy area. Both the mentor and mentee must hold a regular OT or OTA license in a state or territory of the U.S.

(B) Documentation shall include a signed mentorship agreement between a mentor and mentee that outlines specific goals and objectives and designates the plan of activities that are to be met by the mentee; the names of both mentor and mentee and their license numbers and issuing states; an activity log that corresponds to the mentorship agreement and lists dates and hours spent on each objective-based activity; a final evaluation of the outcomes of the mentorship agreement completed by the mentor; and a final evaluation of the outcomes of the mentorship agreement completed by the mentee.

(C) Participation as a Mentee: A licensee may earn one contact hour for each 3 hours spent in activities as a mentee directly related to the achievement of goals and objectives up to a maximum of 15 contact hours.

(D) Participation as Mentor: A licensee may earn one contact hour for each 5 hours spent in activities as a mentor up to a maximum of 10 contact hours.

Texas Board of Occupational Therapy Examiners:
Mentorship Agreement

Name of Mentee: _____

License Number: _____ **Issuing U.S. State:** _____ **OT or OTA** (*Circle one.*)

Name of Mentor: _____

License Number: _____ **Issuing U.S. State:** _____ **OT or OTA** (*Circle one.*)

Specific Goals and Objectives:

Plan of Activities to be met by Mentee:

Final Evaluation by the Mentee of the Outcomes of the Mentorship Agreement:

Total Number of Hours: _____

Total Number of CE Hours (A TX OT or OTA licensee may earn one contact hour of CE for each 3 hours spent in activities as a mentee up to a maximum of 15 contact hours.): _____

Mentee Signature: _____ **Date:** _____

Final Evaluation by the Mentor of the Outcomes of the Mentorship Agreement:

Total Number of Hours: _____

Total Number of CE Hours (A TX OT or OTA licensee may earn one contact hour of CE for each 5 hours spent in activities as a mentor up to a maximum of 10 contact hours.): _____

Mentor Signature: _____ **Date:** _____