



PHARMACEUTICAL SOCIETY OF UGANDA

Mentoring Agreement for Intern Pharmacists and Registered Pharmacists

This agreement outlines how the mentoring relationship will proceed and the commitment of both parties to the relationship.

1. How often will we meet formally?

- Once a Month
- Once every two months
- Other _____

2. Who will schedule the formal meetings?

- Mentor
- Mentee

3. Goals for the mentoring relationship:

a. Mentee

i. _____

ii. _____

iii. _____

b. Mentor

i. _____

ii. _____

iii. _____

1. Confidentiality agreement. I agree to maintain and respect each other's privacy, honesty, and integrity.

Declaration:

I have read the entire PSU mentorship guide and I agree to put my best effort forth to create a successful mentoring relationship and to achieve the goals and standards set forth above.

Mentor's Signature

Mentee's Signature

Mentor's Name

Mentee's Name

Date

Date