

Discovery Diabetes Educator Network: Confirmation of mentorship partnership



Diabetes Educator in training (mentee)

First name(s)

Surname

SANC/HPCSA number

Diabetes Educator (mentor)

First name(s)

Surname

SANC/HPCSA number

I, (mentor), hereby confirm that I have mentored (mentee) since

D	D	M	M	Y	Y	Y	Y
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 (start date). I confirm that the mentorship has included at least one hour per month and the partnership has been at least six months.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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