**The University of Iowa College of Nursing**

**Young Nurse Clinician Program**

**Experience Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to fulfill the following objectives of the Young \_\_\_\_\_Pediatric\_\_\_\_\_\_\_\_\_\_\_ Nurse Clinician Program for the following dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (anticipated graduation date). If I am unable to meet expectations as listed below, my clinical interests change, or by mutual decision with faculty mentors, this agreement will be terminated, and participation/program membership and benefits will be dissolved.

Program expectations:

* Meet monthly with faculty mentor and other YNC participants to enrich the mentorship experience.
* Participate in learning, service, and project activities under the direction of a faculty mentor and/or expert clinician on topics related to population of nursing interest for a minimum of \_4\_ hours per month.
* Engage in \_\_8\_\_ hours of shadow experience with a faculty or clinician once per academic calendar year.
* Develop and present a poster or PowerPoint presentation at a College of Nursing and/or other professional event as needed.
* Attend a Conference, pending funding ability once per academic year.
  + If expenses are incurred and I do not attend the conference, I am responsible for reimbursing the College of Nursing.
  + Documented emergencies, contact faculty mentor with details.

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Student Signature Cell Phone Number Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to assist this student in fulfilling this agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor Signature Date