

CPABC Mentorship Time Recording Form

Please complete one form per mentee

Mentee Name: _____ **Mentee Initials:** _____

Meeting Number	Meeting Date & Method	Meeting Duration	Discussion <i>(Briefly summarize what was discussed during your meeting)</i>
1.	Meeting date: _____ <input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Virtually	____ hours ____ minutes	
2.	Meeting date: _____ <input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Virtually	____ hours ____ minutes	
3.	Meeting date: _____ <input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Virtually	____ hours ____ minutes	
4.	Meeting date: _____ <input type="checkbox"/> In-person <input type="checkbox"/> Telephone <input type="checkbox"/> Virtually	____ hours ____ minutes	
	TOTAL:	____ hours ____ minutes	



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Meeting Number	Learning Outcome <i>(Please outline a few examples of what professional competencies you believe you developed as a result of meeting with your mentee. You may wish to mention the following competencies areas: Ethical Decision Making, Problem Solving, Leadership, Communication, other)</i>	Learning Hours <i>(Please estimate the number of hours where you achieved learning)</i>
1.		_____ hours
2.		_____ hours
3.		_____ hours
4.		_____ hours
	TOTAL:	_____ hours

Members are required to retain documentation supporting their CPD activities for at least five years after the end of the reporting period. There is no need to submit the supporting records unless requested.