

# Texas Board of Occupational Therapy Examiners

## Mentorship Agreement: Optional Form

- **This form is optional. You may create or use another form, but such must meet the requirements as per the OT 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. Refer to the full Chapter 367, Continuing Education, of the OT Rules for further requirements all CE must meet and the full OT Rules and Practice Act for further regulations.

### 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:**

**Activity Log:**

Date	Hours	Objective-Based Activity

**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:** \_\_\_\_\_