This mentorship log is required and must be uploaded into the CHW Certification Application.

Mentorship is essential for newly trained CHWs to demonstrate and refine the CHW Core Competencies learned in their foundational training. Mentorship is also an opportunity for newly trained CHWs to engage in reflection, ask questions, and provide feedback.

Mentorships must consist of *at least* 40 hours of active demonstration of the CHW Core Competencies. You may not need to use all the boxes provided in this form. Over the course of the 40 hours, all CHW Core Competencies must be demonstrated

Potential mentorship activities include, but are not limited to:	Kentucky CHW Core Competences:
• Participating in role play scenarios • Conducting outreach in the community • Attending and participating in community meetings • Leading client meetings and debriefing with mentor • Case study scenarios • Building the CHW resource binder • Shadowing an experienced CHW or mentor • Other (please describe below) *Please note that no more than 50% of mentorship hours should include shadowing.*	1. Communication 2. Use of Public Health Concepts and Approaches 3. Organizational and Community Outreach 4. Advocacy and Community Capacity Building 5. Care Coordination and System Navigation 6. Health Coaching 7. Documentation, Reporting and Outcome Management 8. Legal, Ethical and Professional Conduct

Applications will be denied if they are incomplete or missing mentorship tracking forms, if the mentorship site or supervisor is unrelated to the CHW profession, or if the applicant knowingly provides false information. Please read the CHW Certification Manual for additional guidance on CHW certification and mentorship.

CHW mentee name:				
Primary mentor name and title:				
Primary mentor phone number:				
Primary mentor e-mail address:				
Mentorship start date:			Mentorship end date:	
Total mentorship hours completed:			Total mentorship hours spent on "shadowing":	

Entry number	Date	Primary Activity	Primary Competency Demonstrated	Number of Hours
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Entry number	Date	Primary Activity	Primary Competency Demonstrated	Number of Hours
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				

Entry number	Date	Primary Activity	Primary Competency Demonstrated	Number of Hours
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
			Total Hours	
If additional rows are needed, complete and attach a second form				
Notes *(include entry number, if applicable)*:				

Has the mentee completed the minimum 40 hours of mentorship experience? Yes   No

Has the mentee demonstrated the eight core competencies? Yes   No
If competencies are not addressed in the log above, KOCHW may requires more information on how these competencies were demonstrated during mentorship.

_____

Mentee Name (Printed)

_____

Mentee Signature

_____

Date

_____

Mentor Name (Printed)

_____

Mentor Signature

_____

Date