

Agreement for SBB Student Mentoring

LifeSouth Community Blood Centers

_____ is an applicant to the LifeSouth SBB program, a distance education program. A mentor is required for acceptance into this program. The mentor's commitment should be for the 12-month duration of the SBB Program.

Qualifications for a mentor:

1. SBB(ASCP) or MT/MLS(ASCP) or a Pathologist, board certified in Transfusion Medicine or Medical Director of a Blood Bank. Other qualifications maybe approved by UTMB SBB Program Director.
2. Extensive experience in Blood Banking / Transfusion Medicine.
3. Employed in some capacity at a Blood Center or Transfusion Service.

The mentor should be willing to do the following:

1. Provide guidance in some or all aspects of Blood Bank Technology.
2. Communicate with the UTMB SBB program Education Coordinator concerning the student's progress.
3. Complete checklists concerning the student's clinical activities and practicums.
4. Review antibody identification work-ups.
5. Provide and/or prepare unknowns or other special testing opportunities for the student's clinical experience.
6. Evaluate the student's ability at oral presentations.
7. Help to provide an audience so the student can present case studies, journal articles or other educational activities.
8. Provide ideas and guidance for management and research projects.
9. Assist the student with networking to locate laboratories for required practical experience.
10. In some instances, serve as Proctor for on-line exams, given through the Blackboard Learning Management System.

The mentor is NOT responsible for the following:

1. Providing monetary support to the student for any project.
2. Developing or grading written or practical tests for the student.
3. Providing reagents or any materials that might entail costs to themselves or the facility.
4. Preparing lectures, providing textbooks or other didactic materials.

Please provide a current CV or resume, listing all pertinent education and experience.

I, _____ (please print name), am willing to provide the necessary support as listed above. I understand the student may need my assistance for one year. If at any time, I feel I cannot continue with this role, I may withdraw. It will be the student's responsibility to find another mentor.

Signature of Mentor _____ Date: _____

Email Address: _____

Please return this form to the applicant or to: Bill Martinez, gamartinez@lifesouth.org