

Discovery Diabetes Educator Network: Confirmation of mentorship partnership



Diabetes educator in training (mentee)

Surname

First names

SANC/HPCSA number

Diabetes educator (mentor)

Surname

First names

SANC/HPCSA number

I, (mentor), hereby confirm that I have mentored

(mentee) since (start date). I confirm that the mentorship has included at least one hour of interaction

per month and the partnership has been ongoing for at least six months.

Signature of mentor

Date