



Specialist in Blood Bank Technology/Transfusion Medicine (SBBT/TM) Program

SBBT/TM Student Mentor Agreement Form

_____ is an applicant to the OneBlood SBBT/TM 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 SBBT/TM program.

Mentor Qualifications:

1. SBB(ASCP) or a Pathologist, board certified in Transfusion Medicine or Medical Director of a Blood Bank. Other qualifications may be approved by the OneBlood SBBT/TM Program Director.
2. Extensive experience in Blood Banking/Transfusion Medicine.
3. Employed in some capacity at a Blood Center or Transfusion Service.

Roles of a Mentor:

1. Provide guidance in some or all aspects of Blood Banking and Transfusion Medicine, e.g., provide oversight of samples and oversight for special techniques in antibody identification.
2. Communicate with the OneBlood SBBT/TM Program Director and/or Education Coordinator concerning the student's progress.
3. Provide and/or prepare unknowns or other special testing opportunities for the student's clinical experience.
4. Evaluate the student's ability at oral presentations.
5. Help to provide an audience so the student can present case studies, journal articles or other educational activities.
6. Provide ideas and guidance for management and writing projects.
7. Assist the student with networking to locate laboratories for required practical experience.

The following are NOT roles of a Mentor:

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: _____ Phone#: _____

Facility Name/Address: _____

Please provide the completed form and current CV or resume to the SBBT/TM program applicant. These documents will be part of the application packet.