**Mentoring Activity Report**

This document is recommended to be kept current by each Mentoring program participant to log

Mentoring meetings and related activities.

 It will be needed to support your claim for PMI PDUs and as such a copy must be submitted to PMI­OVOC upon completion of your partnership, to the email mentoring@pmiovoc.org.

**Date of this report:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Your role (M/P):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentoring Partner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cohort #:** \_\_\_\_\_ **Month started (mo-year):** \_\_\_\_\_ **Month ended (mo-year):** \_\_\_\_\_

For each month in which you are/were a Mentor or are/were being Mentored, please itemize the Mentoring activities that were conducted:

|  |  |  |  |
| --- | --- | --- | --- |
| Date (yyyy-mm-dd)  | Hours (to .25)  | Type of activity (e.g. face-to-face meeting; telephone call; individual investigation)  | Objective/focus of the meeting, contact or individual work  |
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**Notes on the overall outcome of the relationship:**

**Total hours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I plan to claim, or have already claimed, PDUs for this activity: \_\_\_\_ Yes \_\_\_\_ No**

Go to the following URL to register your PDUs online: <https://ccrs.pmi.org/>