



MENTORING AGREEMENT

ARTICLING REGISTRANT

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME TELEPHONE

WORK TELEPHONE

MOBILE

EMAIL ADDRESS

EMPLOYMENT TITLE

PRESENT EMPLOYER

DATE APPOINTED

MENTOR

NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

HOME TELEPHONE

WORK TELEPHONE

MOBILE

EMAIL ADDRESS

Upon review of the Articling Program Journal, I hereby agree to the program objectives and activities, recognizing that the Mentor’s role is one of support, monitoring, and guidance. I am aware that the responsibility to complete the program and to submit the required documents online, is that of the articling registrant.

SIGNATURE OF ARTICLING REGISTRANT _____ **DATE**

SIGNATURE OF MENTOR _____ **DATE**

PLEASE READ IMPORTANT NOTICE:

Articling registrants who have not submitted their signed mentoring agreement in the two months since their notice of acceptance into BCIA will have their articling term held in abeyance (put on hold) until the mentoring agreement is received. This, in effect, will extend the articling term to however long the signed mentoring agreement is outstanding.

MENTEE TO UPLOAD SIGNED AGREEMENT TO 'ARTICLING PROGRAM' PAGE IN BCIA ACCOUNT