



Mentoring Agreement

Articling Registrant

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Employment

Employment Title _____

Present Employer _____

Date Appointed _____

Mentor

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

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

Signature of Articling Registrant _____ Date _____

Signature of Mentor _____ Date _____

Email the signed agreement to p.ag@bcia.com. **Read the important notice below:**

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.