



Alberta Mentoring Partnership

Application for Mentoring Certificate

Please ensure that all parts of the form are completed in order to obtain a "Foundations in Mentoring Certificate."

Name of Applicant: _____

Mailing Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: () _____

High School Attended: _____

Years Attended: _____

Course Completed

☐ HSS 1050- Introduction to Mentoring

Grade Obtained: _____

☐ HSS 2050- Becoming a Mentor

Grade Obtained: _____

☐ HSS 3060- Extending the Mentoring Relationship

Grade Obtained: _____

Long-term Mentoring Relationship History

A minimum of a 10-15 weeks mentoring relationship must be achieved to obtain "Foundations of Mentoring Certificate"

Mentoring Placement(s): _____

Name of Mentoring Supervisor: _____

Date: _____

Please return this
form by email to

victor.pedersen@gov.ab.ca
ph: 780-415-0259

Online Training Completed

Certificate number: _____

Date Completed: _____

Score: _____