



**Ohio Association of School Nurses**

P.O. Box 1075  
Wooster, Ohio 44691  
330-749-5068  
[www.oasn.org](http://www.oasn.org)

## **School Nurse Mentor Program**

**Purpose:** To provide information, encouragement and support to a new RN entering the specialty field of school nursing in Ohio.

**Definition:** A new RN is any RN actively employed and practicing nursing in the state of Ohio within the school setting for the first time.

**Who May Be a Mentor:** Any licensed/ certified school nurse who has practiced in the school setting for at least 3 years. He/she should have an interest in helping a new RN practicing in the schools successfully begin their career in the specialized field of school nursing. This would be a volunteer assignment.

**The Role of the Mentor:** To be a resource to the RN by:

1. Providing information about the regional, state and national school nurse organizations and encouraging involvement in these.
2. Personally inviting the new nurse to attend meetings.
3. Making personal contact on a monthly basis by either email or phone.
4. Introducing them to other school nurses in the area to facilitate networking.
5. Providing any other technical or emotional support as needed.

### **How to Develop the Program:**

1. Establish a pool of volunteer School Nurse Mentors in each OASN Region.
2. RNs who are interested in having a Mentor will complete an application of interest. The names will then be matched and assigned to the Mentors.
3. Members of the Mentor Team will receive their mentor team partner's name and contact information in a timely manner by email or phone.
4. The Mentor will establish regular contact with the new nurse and stay in touch with them for at least one full school year.



**Ohio Association of School Nurses**

P.O. Box 1075  
Wooster, Ohio 44691  
330-749-5068  
[www.oasn.org](http://www.oasn.org)

## Mentor/Mentee Application Form

If you are interested in becoming **OR** having a mentor for the next school year, please complete and return this form to:

Heidi Steiner, RN, M.Ed., NCSN  
Executive Director, Ohio Association of School Nurses (OASN)  
P.O. Box 1075  
Wooster, OH 44691  
330-749-5068  
Or email: [executivedirector@oasn.org](mailto:executivedirector@oasn.org)

\_\_\_\_\_ Yes, I would like to be a mentor.

\_\_\_\_\_ Yes, I am a RN new to practicing in the school setting and would like a mentor.

\_\_\_\_\_ Yes, I would like information regarding regional, state and national membership in my professional organizations.

My contact information is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

School District: \_\_\_\_\_

County: \_\_\_\_\_