Mentored Self-Study CMTE Program Plan
Mentee

Description of the Mentored Self-Study Program

Name of Student: ______________________________________________________________________

CBMT Certificate #: _________________________

Name of Mentor: ______________________________________________________________________

Content area or subject of study:________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Summary of Self-Study Program Plan (one paragraph only)

Outline on this page the individual elements of the program plan, including:

a. Purpose of study
b. Statement of student’s need for this study program
c. Statement of student’s goals for this study program
d. Statement of mentor’s competence in the subject area of the study program
e. Statement of the student’s readiness to pursue the program
f. Explicit behavioral objectives of the student undertaking this program
g. Educational materials used in this program of study
Mentored Self-Study CMTE Final Evaluation

Mentee Only

Name of Student: ____________________________________________

CBMT Certificate #: _____________________________

Email address: _____________________________ Phone: _____________________________

Name of Mentor: ____________________________________________

Method used in study program: (e.g. lessons, supervision, research, course): ______________________

____________________________________________________________________________________

____________________________________________________________________________________

Inclusive Dates of Study: _________________________________________________________________

Number of CMTEs claimed: _______________

Describe the method of calculation used to determine the number of CMTE credits claimed for this
study program: ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student’s Evaluation of the Learning Experience.

Student: Attach to this form an evaluation of your learning experience, based upon the stated objectives
and the content of the program. (Maximum: one typed page)
Sign and date the attached page.

Mentor’s Statement of the Student’s Achievement.

When your study is completed have your mentor complete a written paragraph or two evaluating your
learning experience, based upon the stated objectives and content matter. Have them sign and date
their statement for you to include with this form.

Student’s signature below certifies that the statements above are accurate and that this program was
conducted in compliance with the CBMT Code of Professional Practice.

__________________________________________    ____________________________
Signature of Student                                                                                 Date
Mentored Self-Study CMTE Program Plan

MT-BC Mentor

*required for claiming credits

Name of Mentor: ____________________________________________________________

CBMT Certificate #: _________________________

Email address: ___________________________ Phone number: ________________________

Name of Student: ____________________________________________________________

Method used in study program: (e.g. lessons, supervision, research, course): __________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Inclusive Dates of Study: _________________________________________________________

Number of CMTEs claimed: _______________

Describe the method of calculation used to determine the number of CMTE credits claimed for this study program:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Describe your competence in the subject area of the study program.

Mentor’s signature below certifies that the statements above are accurate and that this program was conducted in compliance with the CBMT Code of Professional Practice.

Signature of Mentor ___________________________ Date ___________________________

Signature of Mentee ___________________________ CBMT Certificate # ___________________________ Date ___________________________