

**MENTOR EDUCATIONAL OBJECTIVES CERTIFICATION
NO ACADEMIC CREDIT**

This form must be completed by the proposed visitor/volunteer's mentor/program director for each 12-month period. The visitor/volunteer shall be referred to as "Participant" herein.

Participant Name: _____
Participant Institution (if any): _____
Participant Term (in days, weeks, or months): _____
BCM Mentor/Program Department: _____
BCM Mentor/Program Director: _____

1. Please provide a description of the training Participant shall receive including three educational objectives and the activities the Participant shall engage in to meet those objectives.

2. I certify that I have informed Participant and Participant understands that there is no expectation of BCM compensating Participant.
3. I certify that I have informed Participant that there is no entitlement to a paid position at the conclusion of Participant's Term at BCM under this form.
4. I certify that the Participant's training and activities provides significant educational benefits to the Participant and does not displace the work of paid employees.
5. I certify the information provided on this form to be true and correct and I understand that any work done outside of the scope of the activities described above may subject BCM to potential liability under the Fair Labor Standards Act (FLSA) and may result in the termination of Participant's Term at BCM.

Mentor/Program Director Signature

Date

Dean, Graduate School of Biomedical Sciences Approval

Date