



OMB #: 0925-0046-11 Expiry Date: 2/28/2013

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Public reporting burden for this collection of information is estimated to average 60 minutes per application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0046). Do not return the completed form to this address.

Mentee Application
NCI Research to Reality Mentorship Program

If you are interested in becoming a mentee in the Research to Reality Mentorship Program, please complete the following questions.

Name:		
Title:		
Degree(s):		
Organization/Agency:		
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Section 1: Prior Experience

In addition to submitting a resume/CV, please answer the following questions regarding your experience.

1.1 How much of your job involves planning or implementing health promotion or cancer control programs?

- | | |
|--|--|
| <input type="checkbox"/> All (> 95%) | <input type="checkbox"/> Some (< 35%) |
| <input type="checkbox"/> Most (65-95%) | <input type="checkbox"/> Don't Know/Prefer Not to Answer |
| <input type="checkbox"/> About half (35-65%) | |

For questions or additional information about the Research to Reality Mentorship Program, please contact Peyton Purcell (purcellp@mail.nih.gov or (301-594-9075).



1.2 In the last 12 months have you....

	Yes	No	Don't know/Prefer Not to Answer
developed/implemented your own intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
implemented an intervention developed by someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adapted an intervention someone else developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluated an intervention developed by you or someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 Are/have you engaged in a comprehensive cancer control coalition in a state, tribe, territory, or US Jurisdiction, or at a local level?

Yes, currently Yes, in the past No, never

1.3.1 If yes, please briefly explain your involvement with the Cancer Control Planning and experience with Cancer Control Coalitions (at the State, Tribe, Territory, or US jurisdiction, or local level)

Section 2: Competency Assessment

Below are the six competency areas that the Mentorship Program will target. This competency assessment will help in the selection and matching of mentees with mentors.

2.1 Please rate your ability in the following competencies (1=none; 4=expert):

Competency	1	2	3	4
Analytic/Assessment Skills				
Recognize how the data illuminate ethical, political, scientific, economic, and overall public health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify relevant and appropriate data information source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make relevant inferences from data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine appropriate uses and limitations of both qualitative and quantitative data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Development/Program Planning Skills				
Collect, summarize, and interpret information relevant to an issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize current techniques in decision analysis and health planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a plan to implement policy, including goals, outcomes, and process objectives and implementation steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Competency Skills				
Apply principles of cultural appropriateness to program design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact sensitively and effectively with persons from diverse backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify role of cultural, social, and behavioral factors in determining delivery of public health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and adapt approaches to problems that take into account differences among populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competency	1	2	3	4
Public Health Science Skills				
Apply basic public health sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify and retrieve current relevant scientific evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify the limitations of research and the importance of observations and interrelationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnership, Collaboration, and Community Engagement Skills				
Define a health issue according to the needs and assets of the population/community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish and maintain linkages and/or partnerships with key stakeholders (including traditional, nontraditional, and academic partners).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate expertise and resources, including partnerships and collaborations, needed to implement evidence-based cancer control interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize negotiation and conflict resolution skills to build community partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy and Communication Skills				
Effectively present accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate for public health programs and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify policy options and write clear and concise policy statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 While it is hoped that through your participation you will improve your capacity in all six core competencies areas, mentees are asked to select at least two competency areas in which they want to prioritize their focus. Please indicate the competency area(s) on which you would like to focus (minimum of two):

- | | |
|---|--|
| <input type="checkbox"/> Analytic/Assessment Skills | <input type="checkbox"/> Basic Public Health Science Skills |
| <input type="checkbox"/> Policy Development/Program Planning Skills | <input type="checkbox"/> Partnership, Collaboration, and Community Engagement Skills |
| <input type="checkbox"/> Cultural Competency Skills | <input type="checkbox"/> Advocacy and Communication Skills |

Section 3: Mentee Project and Mentoring

3.1 A component of this program is the completion of an individual project to learn and apply the skills you will gain through this experience. In a separate document, please briefly (< 500 words) describe your proposed project, including: how it meets the needs of your organization and fits in with your current work; how a mentor will be helpful; and how it will address your prioritized competency area (*examples of sample projects can be found on the Mentorship webpage or in the program materials*).

3.2 If you are accepted into the program, what, if any, specific traits/expertise of your mentor are important to you?

Section 4: Program Participation and Travel

Participation in all program activities is mandatory and certain activities will require travel. Please answer whether you will be able to meet these requirements below.

4.1 Does your organization permit you to travel in your position? (*NOTE: Travel costs to be covered by NCI*)

- Yes
 No

Comments:

4.2 The kick-off meeting will be held **DATE TO BE INSERTED** in Bethesda, MD. This is a required activity. Will you be able to attend?

- Yes
 No
 Maybe

Section 5: Additional Information (optional)

To help us with evaluation of the pilot program, please answer the following question.

5.1 How did you hear about the mentorship program?

- Email announcement
 From a colleague
 ResearchtoReality.cancer.gov
 Other Web site _____
 Other _____

Please send your application materials by email (preferred) or mail to:

Peyton Purcell, MPH
Research to Reality Mentorship Program Coordinator
6116 Executive Blvd., Room 4104
Bethesda, MD 20892
ResearchtoReality@mail.nih.gov

DEADLINE: Insert Deadline Date

Application Checklist: Did you remember to send....

- Completed application form
 Description of proposed project
 Mentee/Supervisor agreement form
 CV/Resume