OMB # 0925-0748 Expiration Date: 12/2019

Network of Minority Health Research Investigators (NMRI) Mentorship Agreement Form

Public reporting burden for this collection of information is estimated to average 30 minutes per response, 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 (0925-0748). Do not return the completed form to this address.

### Network of Minority Research Investigators (NMRI) Mentorship Agreement Form

#### Part I:

Submit this section to <u>Winnie.Martinez@nih.gov</u> right after establishing the Mentor-Mentee relationship. Note: The NMRI Oversight Committee recognizes the importance of a positive Mentor-Mentee relationship for any successful career advancement in academic medicine. This Mentorship Agreement Form has been designed to guide and improve the Mentor-Mentee relationship and assist the Oversight Committee in evaluating the progress of this relationship. As such it would be very helpful to us if the Mentees and/or Mentors would kindly provide any feedback on this form or ways one may improve it.

Mentee:		
Name:		Email:
that it is my	responsibility to contact and identify	the Network of Minority Research Investigators. I understanthe willingness of this investigator in serving as my mentor. To contact her/him at least on a quarterly basis.
Mentor:		
Name:		Email:
		vestigator. I will be available for at least four annual back for the above stated educational and/or scientific
Timeline for	r Contacting Mentor: Schedule date	s for e-mail, phone or in-person contact.
Quarterly (	Contact with NMRI Mentee	Date of Contact with Mentee
Spring 201_		
Summer 20	1	
Fall 201		
Winter 201		
	l objective: note: please select as ma Refine skills required to submit manus	any as you and your mentor are willing to work on: cript, grant, or dossier
∐ B. R	define or construct a research question	or hypothesis
	define skills necessary to select the apparalysis	propriate statistic, set up a data base and/or perform data
∐ D. C	Others (please list):	
Signed:	Mentee	Mentor
	Date:	Date:





## Network of Minority Research Investigators (NMRI) Mentorship Agreement Form

Men	ntee:Mentor:
Sub	t 2 (for the Mentee): omit this section to Winnie.Martinez@nih.gov prior to the Annual Meeting in April, the year after the eement was signed. Please answer the following questions:
1.	Did you contact your mentor quarterly? (Select one)  YES  NO
2.	Which of the following objectives <b>were met</b> ? (Select all that apply):  A. Refine skills required to submit manuscript, grant, or dossier  B. Refine or construct a research question or hypothesis  C. Refine skills necessary to select the appropriate statistic, set up a data base and perform data analyst D. Others (please list):
3.	Which of the following objectives were not met? (Select all that apply):  A. Refine skills required to submit manuscript, grant, or dossier  B. Refine or construct a research question or hypothesis  C. Refine skills necessary to select the appropriate statistic, set up a data base and perform data analysis.  D. Others (please list):
4.	Did this mentee/mentor relationship facilitate your progress?  Strongly Agree Agree Disagree Strongly Disagree  1 2 3 4 4
5.	Did this mentee/mentor relationship hinder your progress?  Strongly Agree Agree Disagree Strongly Disagree  1 2 3 4 4
6.	How could the NMRI mentee/mentor relationship be improved?



OMB # 0925-XXXX Expiration Date: XX/XXXX

#### Network of Minority Health Research Investigators (NMRI) Request a Mentor Form

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# Network of Minority Research Investigators (NMRI) Request a Mentor Form

If you are interested in becoming a mentee of the NMRI, please complete the following form and send a copy via email to: <a href="www.wiene.month.gov">www.wiene.month.gov</a>. This information will be forwarded to NIDDK staff and the NMRI Oversight Committee to determine if there is someone who would like to be your mentor.

Na	
Tit	tle:
Or	ganization:
Ac	ldress:
Cit	ty:State:Zip Code:
En	nail Address:
	lephone:Fax:
1.	Are you currently a member of the NMRI? If not, you must join the NMRI in order to request a mentor. Go to <a href="https://forms.niddk.nih.gov/nmri/Membership.aspx">https://forms.niddk.nih.gov/nmri/Membership.aspx</a> and complete the membership request form.
2.	Indicate your current status:  Senior Investigator
3.	List your areas of research interest. Please list at least 3 areas and prioritize them from 1-3.  1
	If you have suggestions for a mentor, please list them in the space below.  Please save this file and email it to Winnie.Martinez@nih.gov.



OMB # 0925-XXXX Expiration Date: XX/XXXX

#### Network of Minority Health Research Investigators (NMRI) Request a Mentee Form

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## Network of Minority Research Investigators (NMRI) Request a Mentee Form

	Degree(s):
Γitle:	
Organization:	
Address:	
City:	State:Zip Code:
Email Address:	
Геlephone:	Fax:
1. How long have you been a member of the	he NMRI?
	gator Post Doc Student ase list at least 3 areas and prioritize them from 1-3.
1	
2	
3	

