

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.

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Part I:

Submit this section to Winnie.Martinez@nih.gov 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: _____

I will actively search and identify a Mentor from the Network of Minority Research Investigators. I understand that it is my responsibility to contact and identify the willingness of this investigator in serving as my mentor. To this end I will secure her/his signature and I agree to contact her/him at least on a quarterly basis.

Mentor:

Name: _____ Email: _____

I have agreed to serve as a mentor to the above investigator. I will be available for at least four annual communications and to provide constructive feedback for the above stated educational and/or scientific objectives.

Timeline for Contacting Mentor: Schedule dates for e-mail, phone or in-person contact.

Quarterly Contact with NMRI Mentee	Date of Contact with Mentee
Spring 201____	
Summer 201____	
Fall 201____	
Winter 201____	

Educational objective: note: please select as many as you and your mentor are willing to work on:

- 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/or perform data analysis
- D. Others (please list): _____

Signed: Mentee _____ Mentor _____

Date: _____ Date: _____



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Mentee: _____ *Mentor:* _____

Part 2 (for the Mentee):

Submit this section to Winnie.Martinez@nih.gov prior to the Annual Meeting in April, the year after the agreement was signed. Please answer the following questions:

1. Did you contact your mentor quarterly? (Select one)
- YES NO
2. Which of the following objectives **were 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):

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

5. Did this mentee/mentor relationship hinder your progress?
- Strongly Agree Agree Disagree Strongly Disagree
- 1 2 3 4

6. How could the NMRI mentee/mentor relationship be improved?



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: Winnie.Martinez@nih.gov. 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.

Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ 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 <https://forms.niddk.nih.gov/nmri/Membership.aspx> and complete the membership request form.

2. Indicate your current status:

Senior Investigator Junior Investigator Fellow Post Doc Student

3. List your areas of research interest. Please list at least 3 areas and prioritize them from 1-3.

1. _____

2. _____

3. _____

4. 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.



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

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Name: _____ Degree(s): _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: _____ Fax: _____

1. How long have you been a member of the NMRI? _____

2. Indicate your current status:

Senior Investigator Junior Investigator Fellow Post Doc Student

3. List your areas of research interest. Please list at least 3 areas and prioritize them from 1-3.

1. _____

2. _____

3. _____

4. If you have suggestions for a mentee, please list them in the space below.

Please save this file and email it to Winnie.Martinez@nih.gov.

