**Training in Research in Integrative Medicine**

**Predoctoral Fellow Mentor Agreement**

**PURPOSE:**

As a mentor, you will be instrumental in ensuring that your mentee meets important deadlines and completes their TRIM research project. To confirm that you have been informed of all key deadlines and responsibilities of mentorship, we ask that you complete the following form. Its primary purpose is to detail a mentorship plan that will enable your mentee to execute their project effectively.

**PERSONNEL**

**Mentor Information:**

(name & contact info (phone # & email)

**Primary Work Site for Mentee's Project**

* UCSF (insert Campus) \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Offsite \_\_\_\_\_\_\_\_\_\_\_\_\_

**COMMITMENTS**

**PROJECT DURATION:**

Students will be taking a gap- year to focus full time on research, we will ask them to participate in 4-6 hours per month to participate in meetings, seminars, and WiPs with TRIM faculty and fellows. The rest of the time is protected so they can work on a research project, as well as to participate in lab meetings.

**RECIPROCAL ASSESSMENT:**
Mentor input is required throughout the project period to ensure that students meet the TRIM research project requirement In addition, students will be asked to complete an assessment of your mentorship.

**DETAILS**

**ROLE:**
Briefly describe your role as a mentor. Provide a summary of your plans for training and supervision, including goals, meeting frequency, review of work, etc.

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**MENTOR MEETING:**
Students are expected to meet with their mentors regularly (a minimum of once monthly) during the year-long fellowship.

**ABSENCES:**
List any major planned absences that may impact the project plan. Identify who will supervise the learner during any major absences that you are planning during the project period. If no major absences, please write “N/A.”

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**SUPPORTING SUPERVISION:**
If the trainee will have more than one mentor, describe the roles of each mentor in training and supervising the learner. If no supporting mentor, please write “N/A.”

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Name of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Signature (may be electronic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_