

**National Institute of Health
Network of Minority Research Investigators (NMRI)
National Institute of Diabetes, Digestive, and Kidney Disease
Mentorship Agreement Form**

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?

