

# MCHC\_RISE-UP\_MCH-LEARN Mentor Agreement

Start of Block: MCHC/RISE-UP and MCH-LEARN 2018 MENTOR AGREEMENT

## Center for Diversity in Public Health Leadership Training

Thank you for agreeing to participate as a project preceptor/mentor for the MCHC/RISE-UP &/or MCH-LEARN Program (Baltimore City).

Your time and support are greatly appreciated!

More information on mentoring opportunities may be found by visiting the website:

<https://www.kennedykrieger.org/training/programs/center-for-diversity-in-public-health-leadership-training/mentoring-opportunities>

Our funders request a signed Project Preceptor/Mentor Agreement that includes a project description, background information on years of experience, and area of focus from each of our project preceptor/mentors. Thank you in advance for providing this information.

### DEFINITIONS:

**Project Preceptor** – A preceptor is an individual who provides direct oversight and supervision to scholar on their summer projects. A project preceptor is the content mentor who guides the scholar in research, clinical, or advocacy activities. A Project Preceptor is generally **not** involved in direct academic or career development. A preceptor may oversee one or multiple scholars.

**Project Mentor**-A mentor is an individual who is responsible for providing support, counseling, or encouragement related to academic, career, and professional development for the scholar **during** (and after) their assignment. Mentors may be asked to write letters of recommendation or work with scholars on publications and projects following their formal participation in Center for Diversity programs.

**Mentor Coach** – A mentor coach serves as academic and professional development mentor who may not necessarily have expertise in science, clinical, or advocacy areas. The mentor meets **weekly** with the scholar, however the Mentor Coach does **not** supervise or offer a research, clinical, or advocacy project for the scholar. Mentor Coaches assist scholars in navigating their learning environment and developing the scholar's final presentation.

**Project Preceptor/Mentor** - A Project Preceptor/Mentor serves as BOTH Project Preceptor and Mentor.

Q25. Please note that the information collected in this survey has a dual purpose. First, information you provide via this survey is required by the funding agency for program evaluation. Second, information you provide will be used for research purposes (i.e., to test hypotheses about the effectiveness of program curricula and activities) after receiving your permission.

Participation in this research is voluntary. Your permission (or lack of permission) in this research will have no effect on your current or future relationship with the Center for Diversity in Public Health Leadership at Kennedy Krieger Institute. You may cancel your permission to use your information at anytime by contacting Dr. Harolyn Belcher (CenterforDiversity@kennedykrieger.org). Your cancellation will not affect information already collected. Only de-identified (or limited, e.g., including dates) data will be used in research

publications. We will use the findings from this survey with other data, to evaluate and improve the program. This study has been reviewed and approved by the Johns Hopkins Medical Institutional Review Board [IRB00398423; Principal Investigator: Harolyn M.E. Belcher, MD, MHS]. If you have any questions regarding this survey study, please contact: Harolyn M.E. Belcher, MD, MHS Director, Center for Diversity in Public Health Leadership Training Kennedy Krieger Institute 716 North Broadway Baltimore MD 21205 Office:(443) 923-5933 [CenterforDiversity@kennedykrieger.org](mailto:CenterforDiversity@kennedykrieger.org)

SAMPLE

Completing this Mentor Agreement Application does not guarantee that an undergraduate scholar will be matched with you on your proposed project. You will be notified as soon as possible regarding your mentor-scholar match. THANK YOU for your time and interest in mentoring!

I agree that the information provided in this survey can be used for research in aggregate and de-identified (or limited, e.g., dates may be used) format.

Yes

No

Q1.

Please self-identify your role with the MCHC/RISE-UP and/or [Baltimore only] MCH-LEARN scholars. I will be a:

Project Preceptor

Project Mentor

Mentor Coach

Project Preceptor/Mentor

Q3. I will accept a scholar(s) from the following program(s) (check all that apply):

MCHC/RISE-UP

MCH-LEARN (Available in Baltimore City, MD Only)

Q2. I am a MCHC/RISE-UP project preceptor/mentor for the:

Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University)

SD Partners (University of South Dakota, Sanford School of Medicine)

CA Partners (University California Davis and MIND Institute)

Ft Belknap MT Partner (Aaniiih Nakoda College)

Q40. The Mentor Agreement Form is the only source of demographic information about mentors in the MCHC/RISE-UP and MCH-LEARN Program. The CDC Annual Performance Report requests information on the demographic composition of the mentors. Demographic data are reported in aggregate, without identifiers. Data on the Mentor Agreement may be reviewed by federal funders and Kennedy Krieger program staff.

Q22. Gender

Female

Male

Not describe above, Describe

Click to write Choice 4

Q24. Race (Check all that apply)

African American, Black

American Indian/Alaska Native

Asian

Middle Eastern/North African

Native Hawaiian /Other Pacific Islander

White

Multi-racial

Not described above, Describe

Q23. Ethnicity

Hispanic

Ethnicity not described above, Describe

Non-Hispanic

Q5.

Describe your prior experience (check all that apply):

Undergraduate level mentor

Graduate level mentor

Q4. Years of Public Health Experience:

1-5 years

6-10 years

SAMPLE



11-15 years

> 15 years

Q27. Degree(s) Earned (Select all that apply):



BA

BS

BSN

DDS

DPT or PT

DrPH

DSW

DVM

EdD

JD

JD/MPH

MA

MBA

MD

MHA

MHS

MPH

MPH/MD

MPH/MBA

MPP

MPS

MS

MSN

MSPH

MSW

OTD or OT

PharmD

PhD

PsyD

SAMPLE

- 
- 
- RN

SLP

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Other (Describe)

Q7. Primary area of professional focus:

- 
- Clinical health practice
- Public health practice
- 

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Other, (please specify)

Q33. Research / Program Interest:

- 
- Advocacy/Policy
- Cancer
- Community Health
- Developmental Disabilities/Neurodiversity
- Environmental Health
- Food Safety
- Healthcare Associated Infections
- Health Disparities
- HIV
- Hypertension
- Immunization
- Lymphatic Filariasis
- Maternal and Child Health
- Mental Health
- Motor Vehicle Injuries
- Nutrition, Physical Activity, and Obesity
- Sexually Transmitted Infections (STIs, besides HIV)
- Substance Abuse/Alcoholism



Teen Pregnancy

Tobacco

SAMPLE



Other (please specify)



Q16. The MCHC/RISEUP and/or MCH-LEARN Experience Project will focus on the following track(s)



Clinical

Community and Advocacy

Research

Comments

Q21. Project Title

Elimination of Health Disparities

Q9.

Provide a description of the project. (Limit 250 words) IMPORTANT: Please include article citations, URLs, or recommending readings that may be helpful for the scholar to prepare for their summer experience.

Scholar will be engaged in impactful work designed to facilitate their academic and career development.

Q10.

Select the public health essentials related to this project. Check all that apply:



Monitor health status to identify and solve community health problems.

Diagnose and investigate health problems and health hazards in the community.

Inform, educate, and empower people about health issues.

Mobilize community partnerships and action to identify and solve health problems.

Develop policies and plans that support individual and community health efforts.

Enforce laws and regulations that protect health and ensure safety.



Link people to needed personal health services and assure the provision of health care

when otherwise unavailable.

Assure competent public and personal health care workforce.

SAMPLE

- 
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Research for new insights and innovative solutions to health problems.

Q32. How many scholars can you mentor this summer?

- 1
- 2
- 3

Q12. How frequently will you meet with the scholar(s) to discuss the project?

- weekly
- 2-4 times per week
- less than weekly

Q35. How many days per week would you like the scholar to be available at your site (check all that apply)?

- 
- One day per week
- Two days per week
- Three days per week
- Four days per week

Q36. What days of the week are best for the scholar to work at your site (check all that apply)?

- 
- Monday
- Tuesday \*MCH-LEARN scholars have research seminars on Tuesday
- Wednesday
- Thursday

Q13. Primary Mentor/Project Preceptor Information:

First Name:

Undergraduate

SAMPLE

Last Name:	Program
Address	111 Baltimore Rd
Office Room Number	111
City	Baltimore
State	MD
Zip code	21205
Agency/Organization:	Agency
Department (write "none" if not applicable):	none
Office Phone (XXX-XXX-XXXX):	111-111-1111
Cell Phone (XXX-XXX-XXXX)	222-222-2222
Email Address:	Program@gmail.com

Q29. Is there a secondary mentor/project preceptor?

Yes

No

Q30. Secondary Mentor/Project Preceptor Information:

First Name:	Program
Last Name:	Undergraduate
Address	111 Baltimore Rd
Office Room Number	111
City	Baltimore
State	MD
Zip code	21205
Agency/Organization:	Agency
Department (if applicable):	
Office Phone:	111-111-1111
	222-222-2222

Cell Phone:

Email Address:

Undergraduate@gmail.com

SAMPLE

Q20. Will scholar(s) be located in the same location as either of the Mentor(s)/Project Preceptor(s)?

Projector

- Yes, same location as noted in Mentor/Project Preceptor Information section.

If No, provide internship location information for the scholar (building, address, phone number).

Q17.

## MENTOR/PRECEPTOR AGREEMENT

I agree to participate in the Maternal Child Health Careers/Research Initiatives for Student Enhancement Undergraduate Program (MCHC/RISE-UP) and/or Maternal Child Health-Leadership Education, Advocacy, Research Network (MCH-LEARN) as indicated above. I agree to provide a summer field experience for student(s) according to the Project Proposal attached. In addition, I have read through and understand the expectations in the Mentor Information Packet. I will attend or review the archived webinar which includes important information about mentoring in the MCHC/RISE-UP and MCH-LEARN programs

I understand that this initiative aims to encourage scholars to learn about public health, and work in healthcare and/or the public health sector.

Students are required to develop a poster and present the results of their summer project experience to their mentors and peers at the end of summer event.

By agreeing to participate with MCHC/RISE-UP and/or MCH-LEARN I will provide a learning experience for the scholars in the area of health care/public health and complete the Mid-Summer and a Final Evaluations found in the Mentor Information Packet.

More information on mentorship is available by visiting: <https://www.kennedykrieger.org/training/programs/center-for-diversity-in-public-health-leadership-training/mentoring-opportunities>

REQUIRED: A typed signature serves as an electronic signature of agreement on this form.

Typed Signature:

Undergraduate Program

Date

10/9/2024

Location Data



**Location:** ([39.3645, -76.6069](#))

**Source:** GeoIP Estimation

