

2024 Ferguson RISE Mentor Agreement

Dear Colleague, Thank you for agreeing to participate as a mentor or preceptor for the Ferguson RISE Fellowship Program funded by the Centers for Disease Control and Prevention (CDC). The Ferguson RISE Fellowship provides the graduate level scholar with experience in the prevention, identification, and treatment of health disparities related to emerging and zoonotic infectious diseases, including populations at risk for health disparities, i.e., individuals from marginalized racial and ethnic populations, individuals with developmental disabilities, individuals with mental health disorders, LGBTQ+ populations, and other populations adversely impacted by social and political determinants of health. Research projects may include, but are not limited to, antibiotic-resistant infections, border safety, foodborne infections, global health, laboratory sciences, one health, public health preparedness, state, local, and tribal health, technological innovations, vector-borne, waterborne, and fungal infections, and health policy research. In-person research experiences are the standard. Please see mentor website and video for further details.

NEW in 2023-2028!! There are now three types of Ferguson RISE Fellows tracks for graduate students:

1. Summer (June through the last week in July with a Research Symposium during the first week in August)
2. 6-month part-time (or full-time) - (February - last week in July)
3. 12-month full time (Begins in June through May of the following year)

We understand that there may be unforeseen public health emergencies that must be addressed, however as you consider research mentoring, please reflect on the following:

For Summer Scholars:

- Do I have a research project that a Fellow can reasonably complete to the point of preliminary data presentation within 8 weeks?
- If I am unavailable, is there a substitute mentor or preceptor who will be able to work with the Fellow?
- Will all necessary data, equipment, reagents, IRB approval, etc., be available by June 1 of the project year?
- Most importantly, do I have sufficient time to spend with the Ferguson Fellow, i.e., at least 30-60 minutes per week to meet individually with the Ferguson Fellow regarding the Fellows' research and professional development?

If you have answered YES to the above four questions. The CDC requests mentors sign a Mentor/Preceptor Agreement that includes demographic information, project

description, and background information and area of professional and research focus mentors / preceptors. Thank you for completing this form and information request.

Definitions:

Preceptor – A preceptor is an individual who provides direct oversight and supervision to fellows on their summer projects.

Mentor –A mentor is an individual who is responsible for providing general support, counseling, or encouragement related to academic and professional development for fellows.

Preceptor/Mentor-- A preceptor/mentor functions as both a preceptor and a mentor.

Consent for Research Participation

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.

Completing this Ferguson RISE Mentor Agreement does not guarantee that a Ferguson RISE Fellow will be matched with you on your proposed project.

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 (1)
 - No (2)
-

Research Preceptor and Mentor Information

Honoring (e.g., Ms., Mr., Dr., etc.) (26)

First Name (1) _____

Last Name (15) _____

Degree (e.g., MD, MPH, PhD, etc.) (24)

Position Title (2) _____

Address: (4) _____

City (16) _____

State (Please use two letter abbreviation for state) (8)

Zip Code (11) _____

Office Phone Number xxx-xxx-xxxx (6)

Cell Phone for urgent contact xxx-xxx-xxxx (25)

Email Address (7) _____

Institution/Organization (22)

Department (21) _____



I am a mentor/preceptor for the:

- Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University, Maryland State Health Department) (1)
 - Centers for Disease Control and Prevention (2)
 - CUNY School of Public Health (4)
 - Howard University (3)
 - Morehouse School of Medicine (5)
 - Rollins School of Public Health at Emory (6)
 - Not listed above (Describe) (7)
-

Display This Question:

If I am a mentor/preceptor for the: = Centers for Disease Control and Prevention

CIO/Division/Branch (CDC Only)

Select the Ferguson RISE Fellowship public health research track(s) on which you can serve as primary research mentor for a graduate student (select all that apply)?

- 6- month (part-time student, February through July - note fellows may be continue part-time or full-time during the summer) (1)
- 6-month (full-time student, February through July) (4)
- 12-month (full-time student) (2)
- Summer (full-time student from the first week in June through July; Ferguson RISE Summer Research Symposium the first week in August) (3)

Is your research experience

- In-Person (Preferred) (1)
- Hybrid (Combination of In-Person and Virtual) (2)
- Virtual (3)

Display This Question:

If Is your research experience = Hybrid (Combination of In-Person and Virtual)

If hybrid, how many days per week will the fellow be required to be at the research site?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- Requested in-person days different from above, Explain (6)



How many students can you mentor?

The Mentor Agreement Form is the only source of demographic information for mentors in the Ferguson RISE Program. Data may be reviewed by CDC and Kennedy Krieger program staff.

Demographic data are reported in aggregate, without identifiers. Completion of your demographic information including gender, ethnicity, and race is optional.

Your Gender

- Female (1)
 - Male (2)
 - Not listed above, Describe (3)
-

Your Ethnicity

- Hispanic (1)
 - Non-Hispanic (3)
 - Not listed above, Describe (2)
-

SAMPLE

Your Race (Check all that apply)

- African American, Black (1)
 - American Indian/Alaskan Native (2)
 - Asian (3)
 - Native Hawaiian /Other Pacific Islander (4)
 - White (5)
 - Multi-racial (6)
 - Not listed above, Describe (7)
-
- Prefer not to respond (8)



Please identify your role with the Ferguson RISE Fellow. I will be a:

- Preceptor (Definition: An individual who provides direct oversight and supervision to fellows on their projects.) (1)
- Mentor (Definition: An individual who is responsible for providing general support, counseling, or encouragement related to academic and professional development for the fellow.) (2)
- Preceptor/Mentor (3)

Primary area of mentor or preceptor's professional focus (select one):

- Administration (5)
 - Clinical health practice (1)
 - Public health practice (2)
 - Policy (6)
 - Teaching/Training (7)
 - Research (3)
 - Not listed above, (please specify) (4)
-



Years of Public Health Experience:

- 1-5 years (1)
 - 6-10 years (2)
 - 11-15 years (3)
 - > 15 years (4)
-



Do you have prior experience as an undergraduate level mentor?

- Yes (1)
 - No (2)
-



Do you have prior experience as a graduate level mentor?

Yes (1)

No (2)

Have you previously mentored a Ferguson RISE Fellow?

Yes (1)

No (2)

Will you work with a co-mentor?

Yes (1)

No (2)

Display This Question:

If Will you work with a co-mentor? = Yes

Research Co-Preceptor and Mentor Information

Honoric (e.g., Ms., Mr., Dr., etc.) (26)

First Name (1) _____

Last Name (15) _____

Degree (e.g., MD, MPH, PhD, etc.) (24)

Position Title (2) _____

Address: (4) _____

City (16) _____

State (Please use two letter abbreviation for state) (8)

Zip Code (11) _____

Office Phone Number xxx-xxx-xxxx (6)

Cell Phone for urgent contact xxx-xxx-xxxx (25)

Email Address (7) _____

Institution/Organization (22)

Department (21) _____

Who is the administrative contact person for your branch or department?

Honorific (e.g., Ms, Mr. , Dr., etc.) (7)

First Name (1) _____

Last Name (2) _____

Degree (e.g., MD, MPH, PhD) (5)

Office Phone Number (XXX-XXX-XXXX) (3)

Cell Phone Number (XXX-XXX-XXXX) (8)

Email (4) _____

SAMPLE

Who will work with your Ferguson RISE Fellow if you are away?

Honorific (e.g., Ms, Mr., Dr. etc. (7)

First Name (1) _____

Last Name (2) _____

Degree (e.g., MD, MPH, PhD, etc.) (8)

Office Phone Number (XXX-XXX-XXXX) (3)

Cell Phone Number (XXX-XXX-XXXX) (16)

Email (5) _____

Full Name of Research Assistant (if applicable, including honorific and degree) (6)

Display This Question:

If I am a mentor/preceptor for the: = Centers for Disease Control and Prevention

Who will work with Fellow if you are deployed? Please provide...

Honorific (e.g., Ms., Mr., Dr., etc.) (11)

First Name (4) _____

Last Name (5) _____

Degree (e.g., MD, MPH, PhD) (8)

Office Phone Number (XXX-XXX-XXXX) (9)

Cell Phone Number (XXX-XXX-XXXX) (12)

Email Address (6) _____



Project Title for Ferguson RISE Fellow



Project Type: (check all that apply)

- Clinical Prevention and Intervention (22)
- Developmental Disabilities (17)
- Emergency Preparedness (1)
- Epidemiology (2)
- Health Disparities (16)
- Infectious Diseases (20)
- Injury Prevention (21)
- Laboratory Science (3)
- Mental Health/Substance Abuse (18)
- Public Health Education (4)
- Public Health Policy (5)
- Public Health Informatics (6)
- Public Health Economics (7)
- Public Health Communications (15)
- Other, Describe (19) _____



Description of Proposed Ferguson RISE Project (limit 250 words)

Do you have an IRB protocol that the Fellow can "Agree to Participate" in prior to beginning the Ferguson Fellowship?

Yes (23)

No (24)



Expected Training/Development Benefits for the Ferguson Fellow (check all that apply):

Research (1)

Leadership/Policy (2)

Clinical-Describe clinical area (3)

Other, Describe (4)



Minimum Skills/Qualifications Required (for the above proposed project, please include lab techniques, software applications, equipment, etc.):

Are you willing to train students if they do not have the minimum required skills needed?

Yes (1)

No (2)

Which biosafety level(s) will apply to the Ferguson RISE Fellow's work in your lab? Check all that apply

BS-1 (2)

BS-2 (3)

BS-3 (4)

BS-4 (5)

Not Applicable (6)

Is blood borne pathogen training required for your lab?

No (1)

Yes (2)

Will any specialized lab training, other than bloodborne pathogen training and/or basic Safety Survival Skills training be required in order for the Ferguson Fellow to work in your lab?

No (1)

Yes, Describe (2) _____



How do you plan to engage students in CDC activities or activities within your institution (i.e., branch/division meetings, presentations within your institution)?

Display This Question:

If I am a mentor/preceptor for the: = Centers for Disease Control and Prevention



What are the expected benefits for the CDC in your and your Fellow's participation in the Ferguson Fellowship program? (limit 250 words)



Other comments:

Display This Question:

If I am a mentor/preceptor for the: = Centers for Disease Control and Prevention

Would you like to review applications of top 3-5 candidates for your project?

- Yes (1)
- No (3)

Display This Question:

If I am a mentor/preceptor for the: = Centers for Disease Control and Prevention

CDC Ferguson RISE Fellowship Mentor Notification:

For research presentations as a result of the Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship, the Notice of Grant Award for this collaborative agreement states that publications, journal articles, research presentations, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example: "This publication (journal article, poster, or presentation) was supported by the Grant or Cooperative Agreement Number, FAIN# NU50CD300866, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention (CDC) or the Department of Health and Human Services."

As a CDC Ferguson RISE Fellowship Mentor, I understand and agree that the above disclaimer will be included in the electronic presentations, posters, PowerPoint presentations, or manuscripts related to the Ferguson RISE Fellow's work with me. During the Ferguson RISE Fellow's summer presentations at the CDC and Kennedy Krieger Institute, I will work with and review the Ferguson RISE Fellow's final presentation. The presentations, however, will be presented under the sponsorship of the Kennedy Krieger and Johns Hopkins mentors. My name will not appear on the research presented during summer presentations at Kennedy Krieger or

the CDC.

If the Ferguson RISE Fellow desires to present the results of their summer project at a national scientific meeting, I will ensure that the presentation is reviewed and has met all required CDC clearance procedures. Also, I understand that authorship will be determined in accordance with standard scientific principles.

In addition, I understand my center/institute/office will be responsible for the CDC administrative onboarding and project-related costs associated with hosting the Ferguson RISE Fellow.

Yes, I agree to the above statement (1)

No, Describe below (2) _____

I agree to participate in the Ferguson Fellowship Program as a Ferguson RISE Fellow's mentor, mentor/preceptor, or preceptor, as indicated above. I agree to provide a summer, 6-month, or 12-month public health research experience for student(s) according to the Project Proposal attached. I have read through and understand the expectations in the Mentor Information Packet. I will view the information on the [Center for Diversity in Public Health Leadership Mentor Information Page](#). I understand that the goals of the Ferguson RISE Fellowship are to encourage students who are underrepresented in public health and biomedical research to learn about public health to inform their work in the healthcare and/or public health sector. I understand that Ferguson RISE Fellow's are expected to present their research at national meeting and publish their research in peer-reviewed journals (6-month and 12-month fellowships, summer [optional but strongly encouraged]).

Students are required to present the results of their summer experience to their mentors and peers at the end of the summer Ferguson RISE Fellowship Symposium. Students are expected to submit their work to a national scientific meeting and peer-reviewed journals.

For presentations and publications resulting from the Ferguson RISE Fellowship the following text needs to be added:

"This publication (journal article, poster, or presentation) was supported by the Grant or Cooperative Agreement Number, FAIN# NU50CD300866, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention (CDC) or the Department of Health and Human Services."

By agreeing to participate with Ferguson Fellowship, I will provide a research learning

experience for the Ferguson RISE Fellow in the biomedical, clinical, behavioral, or public health area. I agree to complete the Mid-Term and a Final Evaluations upon receipt. Information from the Mentor Agreement is used by the CDC and Ferguson RISE Fellowship to evaluate the program. REQUIRED: A typed signature serves as an electronic signature of agreement on this form.

If you have questions please email Ferguson_Fellowship@kennedykrieger.org

Typed Signature: (1) _____

Date (XX/XX/20XX) (2) _____

End of Block: Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship Program

SAMPLE