Q1 Dear Colleague, 

Thank you for agreeing to participate as a mentor or coach for the Excellence in Mentoring UnderRepresented Groups (EMURG) for Health Equity Leaders Fellowship Program is supported by the Office of Minority Health of the U.S. Department of Health and Human Services.

This a very important experience for the EMURG Fellows and we realize how valuable your time is. The EMURG Fellowship allows the graduate level scholar to gain experience in federal government in public health, health disparities, developmental disabilities, injury preventions, policy research and other areas of importance in promoting the health of US and world citizens.

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

1. If I am unavailable, is there a substitute mentor or preceptor who will be able to work with the EMURG Fellow?
2. Will all necessary data, equipment, project components, IRB approval, etc., be available by June 1 of the project year?
3. Most importantly, do I have sufficient time to spend with the EMURG Fellow, i.e., at least 30-60 minutes per week to meet individually with the EMURG Fellow regarding the Fellows’ project and professional development?

If you have answered YES to the above three questions. The EMURG Fellowship Program requests a signed Mentor Agreement, project description, and background information on years of experience and area of focus from each of our 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 interns on their EMURG Fellowship projects. A preceptor may oversee one or multiple fellows. Mentor/Coach – A mentor/coach is an individual who is responsible for providing general support, counseling, or encouragement related to academic and professional development for the intern. A mentor/coach may or may not be directly involved in overseeing the EMURG Fellowship project.
Preceptor/Mentor-- In some cases, the preceptor may also serve as a mentor, while in other cases one or more mentors may be available for students beyond the project preceptor.

Q8 Preceptor/Mentor Information

- Last Name (1) ________________________________
- First Name (15) ________________________________
- 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)
  ________________________________
- Email Address (7) ________________________________
- Institution/Organization (22)
  ________________________________
- Department (21) ________________________________

Q47 The Mentor Agreement Form is the only source of demographic information for the EMURG Fellowship Program. Demographic data are used in aggregate, without identifiers. Completion of demographic information about gender, ethnicity, and race is optional.
Q42 Gender

- Female (1)
- Male (2)
- Other, Please describe in the text box below (3)

- Prefer not to answer (4)

Q43 Ethnicity

- Hispanic (1)
- Other (Please describe in the text box below) (2)

- Non-Hispanic (3)
- Prefer not to answer (4)
Q44 Race (Check all that apply)

☐ African American, Black (If 1st or 2nd generation U.S. citizen, please list country of family origin in the text box below) (1)
    _____________________________________________________________

☐ American Indian/Alaskan Native (Please list tribal affiliation in the text box below) (2)
    _____________________________________________________________

☐ Asian (Please list country of family origin in the text box below) (3)
    _____________________________________________________________

☐ Native Hawaiian /Other Pacific Islander (Please detail in the text box below) (4)
    _____________________________________________________________

☐ White (If 1st or 2nd generation U.S. citizen, please list country of family origin in the text box below) (5)
    _____________________________________________________________

☐ Multi-racial (Please detail in text box below) (6)
    _____________________________________________________________

☐ Other, Describe (7) ____________________________________________

☐ Prefer not to answer (8)
    _____________________________________________________________

Q39 Who will work with your EMURG Fellow if you are away?

☐ Last Name (1) _________________________________________________

☐ First Name (2) _________________________________________________

☐ Phone Number (XXX-XXX-XXXX) (3)
    _____________________________________________________________

☐ Email (5) _____________________________________________________

X
Q4 Years of Federal Government Experience:

- 1-5 years (1)
- 6-10 years (2)
- 11-15 years (3)
- > 15 years (4)
- Not applicable (5)

Q5 Do you have prior experience as an undergraduate level mentor?

- Yes (1)
- No (2)

Q6 Do you have prior experience as a graduate level mentor?

- Yes (1)
- No (2)
Q7 Primary area of professional focus (select one):

- Administration (5)
- Clinical health practice (1)
- Public health practice (2)
- Policy (6)
- Teaching/Training (7)
- Research (3)
- Other, (please specify) (4) ________________________________________________

Q2
Please identify your role with the EMURG Fellow. I will be a:

- Federal Preceptor (1)
- Federal Mentor/Coach (2)
- Federal Preceptor/Mentor (3)
- Howard University Mentor/Coach (7)
- Current or Former HPRScholar Mentor/Coach (4)
- Johns Hopkins University Institutions (Bloomberg School of Public Health, Medical, Nursing) Mentor/Coach (6)
- Kennedy Krieger Institute Mentor/Coach (5)
- Morehouse School of Medicine/Satcher Leadership Institute Mentor/Coach (8)
- Other Institution/Organization Mentor/Coach (Describe) (9)
Q26 Project Title for the EMURG Fellow

- Project Title (1) __________________________________________________________

- Research Assistant (Note NA if Not Applicable) (2) ____________________________________________
Q12 Project Type: (check all that apply)

- 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) ______________________________________________________________________

Q9 Description of Proposed EMURG Fellowship Project (limit 250 words)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Q13 Expected Training/Development Benefits for the EMURG Fellow (check all that apply):

☐ Research (1)

☐ Leadership/Policy (2)

☐ Clinical—Describe clinical area (3)

☐ Other, Describe (4) ________________________________________________

Q31 Do you have an IRB protocol that the Fellow can "Agree to Participate" in prior to beginning the EMURG Fellowship?

☐ Yes (23)

☐ No (24)

Q27 Minimum Skills/Qualifications Required (for the above proposed project, including lab techniques, software applications, * and equipment):

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Q28 Are you willing to train EMURG Fellow if they do not have the minimum required skills needed?

- Yes (1)
- No (2)

Q15 Which biosafety level(s) will apply to the EMURG 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)

Q16 What are the expected benefits for the DHHS agency and your EMURG Fellow's participation in the Fellowship program? (limit 250 words)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Q30 Other comments:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Q3 I am a mentor/preceptor for the:

- Administration for Children and Families (1)
- Agency for Healthcare Research and Quality (5)
- Centers for Disease Control and Prevention (2)
- Centers for Medicare and Medicaid Services (6)
- Food and Drug Administration (3)
- Health Resources and Services Administration (7)
- Indian Health Services (4)
- National Institutes of Health (8)
- Office of Minority Health (9)
- Substance Abuse and Mental Health Services Administration (10)
Q29 Would you like to review applications of top 3-5 candidates for your project?

- Yes (1)
- No (3)

Q41 Who is the administrative contact person for your branch?

- Last Name (1) ________________________________
- First Name (2) ________________________________
- Phone Number (XXX-XXX-XXXX) (3) ____________
- Email (4) ________________________________

Q33 Who will work with Fellow if you are deployed? Please provide...

- Last Name (4) ________________________________
- First Name (5) ________________________________
- Email Address (6) ________________________________
- Phone Number (XXX-XXX-XXXX) (7) ____________

Q36 Is blood borne pathogen training required for your lab?

- No (1)
- Yes (2)
Q34 How do you plan to engage students in DHHS agency activities (i.e., branch/division meetings, presentations to branch)?

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Q48 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 or your participation in the EMURG Health Equity Leaders Fellowship. 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.

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)

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Q20

I agree to participate in the EMURG Fellowship Program as an EMURG Fellow's mentor/coach, mentor/preceptor, or preceptor, as indicated above. I agree to provide a federal public health experience for student(s) according to the Project Proposal described in this agreement. I have read and understand the expectations in the Graduate Program Mentor Information Guidance. I understand that the goal of the EMURG Fellowship is to support scholars from underrepresented populations in federal government leadership to gain experience and employment in the federal government. EMURG Fellows will learn about public health and root causes of health disparities to inform the EMURG Fellows work in federal policy, health, and public health sectors.

Students are required to present the results of their EMURG Fellowship experience to their
mentors and peers at the EMURG Spring Symposium. Students are expected to submit their work to a national scientific or policy meetings and peer-reviewed journals.

By agreeing to participate with EMURG Fellowship, I will provide a learning experience for the EMURG Fellow in the policy, biomedical, clinical, behavioral health, health disparities, or public health areas. I agree to complete the EMURG Fellow Evaluations upon receipt. Information from the Mentor Agreement is used by the DHHS, Office of Minority Health and EMURG Fellowship to evaluate the program. REQUIRED: A typed signature serves as an electronic signature of agreement on this form.

☐ Typed Signature: (1) ________________________________________________

☐ Date (XX/XX/20XX) (2) ________________________________________________

End of Block: 2022 EMURG Health Equity Leaders Fellowship Mentor Agreement