Q1 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). This a very important experience for the Fellows and we realize how valuable your time is. The Ferguson RISE Fellowship allows the graduate level scholar to gain experience in infectious diseases, health disparities, developmental disabilities, injury preventions, policy research and other areas of importance in promoting the health of US and world citizens. **NEW in 2023-2028!!** There are now three types of Ferguson RISE Fellows tracks for graduate students: (1) Summer (June-first week in August) (2) 6-month part-time (or full-time) - Begins in February 2023 (3) 12-month full time 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: 1. For Summer Scholars: Do I have a research project that a Fellow can reasonably complete to the point of preliminary data presentation within 9 weeks? 2. If I am unavailable, is there a substitute mentor or preceptor who will be able to work with the Fellow? 3. Will all necessary data, equipment, reagents, IRB approval, etc., be available by June 1 of the project year? 4. 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 has requested we have a signed Mentor/Preceptor 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 summer projects. A preceptor may oversee one or multiple interns.

**Mentor** – A mentor is an individual who is responsible for providing general support, counseling, or encouragement related to academic and professional development for the intern. A mentor may or may not be directly involved in overseeing an internship 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 Research Preceptor and 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) ________________________________

Q51 DPO (CDC Only)


Q52 Mailstop (CDC Only)


Q47 The Mentor Agreement Form is the only source of demographic information for the Ferguson RISE 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, Describe (3) __________________________________________________

Q43 Ethnicity

- Hispanic (1)
- Other, Describe (2) __________________________________________________
- Non-Hispanic (3)
Q44 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)
- [ ] Other, Describe (7) __________________________________________________
- [ ] Refuse to answer (8)

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

- [ ] Preceptor (1)
- [ ] Mentor (2)
- [ ] Preceptor/Mentor (3)
Q53 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) (1)
- 6-month (full-time student) (4)
- 12-month (full-time student) (2)
- Summer (full-time student from the first week in June through first week in August) (3)

Q4 Years of Public Health Experience:

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

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 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)
- Other, (please specify) (4)

Q26 Project Title for Summer Ferguson RISE 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 Ferguson RISE Project (limit 250 words)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Q13 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) __________________________________________________

Q31 Do you have an IRB protocol that the Fellow can "Agree to Participate" in prior to beginning the Ferguson 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 students if they do not have the minimum required skills needed?

☐ Yes (1)
☐ No (2)

Q15 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)

Q16 What are the expected benefits for the CDC in your and your Fellow’s participation in the Ferguson Fellowship program? (limit 250 words)

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Q30 Other comments:

________________________________________________________________
Q39 Who will work with your Ferguson RISE Fellow if you are away?

- Last Name (1) __________________________________________________
- First Name (2) __________________________________________________
- Phone Number (XXX-XXX-XXXX) (3) __________________________________
- Email (5) __________________________________________________

Q3 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)
- Howard University (3)
- Morehouse School of Medicine (5)
- Morgan State University (4)
- Rollins School of Public Health at Emory (6)
- Other (Describe) (7) ____________________________________________

Skip To: Q20 If I am a mentor/preceptor for the: = Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University, Maryland State Health Department)

Skip To: Q20 If I am a mentor/preceptor for the: = Howard University
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)

Q38 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) __________________________________________________

Q34 How do you plan to engage students in CDC activities (i.e., branch/division meetings, presentations to branch)? (CDC Mentors)

________________________________________________________________

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

Q50 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, 1NU50MN000004, 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) __________________________________________________

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. 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)

Q20
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 underrepresented students 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.

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.

☐ Typed Signature: (1) __________________________________________________

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

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