



Center for Diversity in
Public Health Leadership Training
at Kennedy Krieger Institute

Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship Program

Dear Colleague,

Thank you for agreeing to participate as a project preceptor and/or mentor for the Ferguson RISE Fellowship Program funded by the Centers for Disease Control and Prevention (CDC). This is 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 prevention, 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 or other unplanned emergencies that must be addressed, however as you consider becoming a project preceptor or mentor, please reflect on the following:

1. Do I have a research project that a Ferguson RISE Fellow can reasonably complete to the point of preliminary data presentation within 9 weeks?
2. If I am unavailable, is there a substitute project preceptor who will be able to work with the Ferguson RISE 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 RISE Fellow, i.e., at least 30-60 minutes per week to meet individually with the Ferguson RISE Fellow regarding the Fellows' research and professional development?

If you have answered YES to the above four questions, the CDC requests that we have a signed Project Preceptor/Mentor Agreement, project description, and background information on years of experience and area of focus from each of our project preceptors, mentors and project preceptor/mentors.

For more information on the Ferguson RISE Fellowship visit the webpage:

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

For more information on research mentoring for a Ferguson RISE Fellow visit the webpage:

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

Thank you for completing this form.

Definitions:

Project Preceptor – A Project Preceptor is an individual who provides direct oversight and supervision to Ferguson RISE Fellow on the Fellow's summer project. A Project Preceptor is the content mentor for the Fellow related to research activities. A Project Preceptor is generally NOT involved in direct academic or career development. A preceptor may oversee one or multiple Fellows.

Mentor –A mentor is an individual who is responsible for providing support, counseling, or coaching related to academic, career, and professional development for the Ferguson RISE Fellow. This individual serves as the process mentor who does not necessarily have expertise in science or research areas. The mentor meets weekly with the Ferguson RISE Fellow and does NOT supervise or offer a research project for the Fellow.

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

Project Preceptor/Mentor Information

Last Name	<input type="text"/>
First Name	<input type="text"/>
Position Title	<input type="text"/>
DPO (CDC ONLY, write "none" if not applicable)	<input type="text"/>
Address:	<input type="text"/>
Mailstop (CDC ONLY, write "none" if not applicable)	<input type="text"/>
City	<input type="text"/>
State (Please use two letter abbreviation for state)	<input type="text"/>
Zip Code	<input type="text"/>
Office Phone Number xxx-xxx-xxxx	<input type="text"/>
Email Address	<input type="text"/>
Institution/Organization	<input type="text"/>
Department	<input type="text"/>

The Project Preceptor/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.

Gender

- Female
- Male
- Other, Describe

Ethnicity

- Hispanic
- Other, Describe
- Non-Hispanic

Race (Check all that apply)

- African American, Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian /Other Pacific Islander
- White
- Multi-racial
- Other, Describe
- Refuse to answer

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

Last Name

First Name

Phone Number (XXX-XXX-XXXX)

Email

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

- Project Preceptor
- Mentor
- Project Preceptor/Mentor

Years of Public Health Experience:

- 1-5 years
- 6-10 years
- 11-15 years
- > 15 years

Do you have prior experience as an undergraduate level mentor?

- Yes
- No

Do you have prior experience as a graduate level mentor?

-

Yes

No

Primary area of professional focus (select one):

- Administration
- Clinical health practice
- Public health practice
- Policy
- Teaching/Training
- Research
- Other, (please specify)

Research / Program Interest:

- Cancer
- Environmental Health
- Food Safety
- Healthcare Associated Infections
- HIV
- Hypertension
- Immunization
- Lymphatic Filariasis
- Motor Vehicle Injuries
- Nutrition, Physical Activity, and Obesity
- Sexually Transmitted Infections (STIs, besides HIV)
-

Teen Pregnancy

- Tobacco
- Other, please specify

Project Title for Summer Ferguson RISE Fellow

Project Title

Research Assistant (Note NA if "none" if not applicable)

Project Type: (check all that apply)

- Developmental Disabilities
- Emergency Preparedness
- Epidemiology
- Health Disparities
- Infectious Diseases
- Injury Prevention
- Laboratory Science
- Mental Health/Substance Abuse
- Public Health Education
- Public Health Policy
- Public Health Informatics
- Public Health Economics
- Public Health Communications
- Other, Describe

Description of Proposed Ferguson RISE Project (limit 250 words) IMPORTANT: Please include article citation(s) or recommended reading URL related to your proposed research project. We will

provide this information to the Fellows, in advance, to assist them in preparing for their Ferguson RISE Fellowship experience.

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

- Research
- Leadership/Policy
- Clinical-Describe clinical area

- Other, Describe

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

- Yes
- No

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

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

- Yes
- No

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

- BS-1
- BS-2
- BS-3
- BS-4
- Not Applicable

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:

I am a mentor/preceptor for the:

- Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University)
- Centers for Disease Control and Prevention/Atlanta

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

- Yes
- No

Who is the administrative contact person for your branch?

Last Name	<input type="text"/>
First Name	<input type="text"/>
Phone Number (XXX-XXX-XXXX)	<input type="text"/>
Email	<input type="text"/>

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

Last Name	<input type="text"/>
First Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number (XXX-XXX-XXXX)	<input type="text"/>

Is blood borne pathogen training required for your lab?

- No
- Yes

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
- Yes, Describe

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

I agree to participate in the Ferguson RISE Fellowship Program as a Ferguson RISE Fellow's mentor, mentor/project preceptor, or project preceptor, as indicated above. I agree to provide a summer public health experience for student(s) according to the Project Proposal attached. I have read through and understand the expectations in the Mentor Information Packet.

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.

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 RISE Fellowship, I will provide a learning experience for the Ferguson RISE Fellow in the biomedical, clinical, behavioral, or public health area. I agree to complete the Mid-Summer and a Final Evaluations upon receipt. Information from the Project Preceptor/Mentor Agreement is used by the CDC and Ferguson RISE Fellowship to evaluate the program.

More research mentor-related information is available at: <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:

Date (XX/XX/20XX)

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
- No

www.kennedykrieger.org/rise