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

# Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship Program Mentor Agreement

Dear Colleague,

Thank you for your interest in applying to serve as a research mentor, preceptor, or coach for the Ferguson RISE Fellowship Program funded by the Centers for Disease Control and Prevention (CDC). The Ferguson RISE Fellowship provides graduate-level scholars with experience in the prevention, identification, and treatment of emerging and zoonotic infectious diseases to promote health for all populations using techniques that include, but are not limited to, epidemiology, advanced molecular detection, wastewater surveillance, biostatistics, bioinformatics, and community-based participatory approaches. Research projects may include a wide range of topics, such as antibiotic-resistant infections, foodborne infections, global health, laboratory sciences, One Health, public health preparedness, state, local, and tribal health,

technological innovations (e.g., genomics, bioinformatics), vector-borne, waterborne, and fungal infections, and health policy research. In-person research experiences are the standard. Fellows receive a stipend commensurate with their graduate level, housing support, and support to attend a national scientific conference.

Please note that while we greatly appreciate your application, completing this Ferguson RISE Mentor Agreement Application does not guarantee that a Ferguson RISE Fellow will be matched with you on your proposed project. You will be notified about your fellow match status, following the student interview period in early to mid-April.

Additional information and resources may be found on the mentor website and accompanying video.

**NEW in 2023-2028!!** There are now two types of Ferguson RISE Fellowship tracks for graduate students:

- \*Summer (first week of June through the last week of July)
- \*12-Month (second week of 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:

- 1. Do you have a research project with available data that a Fellow can reasonably complete to the point of data analysis and data presentation within 8 weeks (for summer fellows) or 12 months full time?
- 2. If you are 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 for summer fellows?
- 4. Most importantly, do you 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?

**Please Note:** Ferguson RISE Fellows are expected to produce a poster or oral presentation of their research at the close of their respective programs.

If you have answered YES to the above four questions, the CDC requests research mentors sign this Mentor Agreement that includes demographic information, project

description, background information and area of professional and research focus of mentors / preceptors.

Thank you for completing this form and information request.

### **Definitions:**

**Mentor** – An individual who provides professional research guidance/sponsorship, training support, direct research instruction/oversight and supervision to fellows on their projects.

**Preceptor -** An individual who provides technical research guidance and oversight only.

**Coach** – An individual who is responsible for providing general support, counseling, and encouragement related to academic and/or professional development for fellows. Coaches are not expected to provide a research project.

### **Consent for Research Participation**

Please note that the information collected in this survey

serves a dual purpose.

- 1. First, the information you provide via this survey is required by the funding agency for program evaluation.
- 2. Second, with your permission, the information you provide will be used for research purposes (i.e., to test hypotheses about the effectiveness of program curricula and activities).

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 Excellence in Public Health Leadership at Kennedy Krieger Institute. You may cancel your permission to use your information at anytime by contacting Dr. Harolyn Belcher

(CenterforExcellenceNPH@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 Excellence in Public Health Leadership at Kennedy Krieger Institute 716
North Broadway Baltimore MD 21205 Office: (443) 923-5933
CenterforExcellenceNPH@kennedykrieger.org

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

Yes No	
Research Preceptor and Mo	entor Information
Honorific (e.g., Ms., Mr., Dr., etc.)	
First Name	
Last Name	
Degree (e.g., MD, MPH, PhD, etc.)	

Position Title	
Address:	
Address.	
City	
State ( Please use two letter abbreviation for state )	
Zip Code	
Office Phone Number XXX-XXXX	
Cell Phone for urgent contact xxx-xxx-xxxx	
Email Address	
Institution/Organization	
Department	

•	and a mentor, preceptor, or coach for the.
	Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University, Maryland Local or State Health Department)
	Centers for Disease Control and Prevention (CDC) in Atlanta
	CDC Satellite Sites (e.g., Alaska, Hawaii, Colorado, etc.)
	CUNY School of Public Health
	Howard University
	Morehouse School of Medicine
	Rollins School of Public Health at Emory
	State Public Health Departments or Laboratories; Describe
	Not listed above; Describe
(	CIO/Division/Branch (CDC Only)
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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)?

□ 12-month (full time beginning the second week in June through the end of May of the following year)  Is your research experience □ In-Person (Preferred) □ Hybrid (Combination of In-Person and Virtual) □ Virtual  If hybrid, how many days per week will the fellow be required to be at the research site? □ 1 □ 2 □ 3 □ 4 □ 5	May of the following year)  syour research experience In-Person (Preferred) Hybrid (Combination of In-Person and Virtual) Virtual  hybrid, how many days per week will the fellow be required to be at the esearch site?  1 2 3 4	□ Sun July	nmer (full-time beginning the first week in June through the last week in /
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		resec	arch site?
		O 1	
		O 2	
		O 3	
		O 4	
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Requested in-person days different from above; Describe		Rec	quested in-person days different from above; Describe

How many students can you mentor?	We recommend up to two students unless
otherwise discussed.	

The Mentor Agreement Form is the only source of demographic information about mentors in the Ferguson RISE Fellowship Program. The CDC Annual Performance Report requests information on the demographic composition of Ferguson RISE mentors. Demographic data are reported in aggregate, without identifiers. Data on the Mentor Agreement may be reviewed by CDC and Kennedy Krieger program staff.

#### **Your Sex**

- Female
- O Male

		African American, Black
	American Indian/Alas	 ka Native (Tribal Affiliation, Nation)
		Asian
		Hispanic or Latino/a
		Middle Eastern/North African; Describe
		Multi-racial (Describe)
		Native Hawaiian / Pacific Islander; Describe
		White
	Not listed a	bove; Describe
	Prefer not to respond	
•	/agra of Dublic Hagith Ev	vnorion oo
1	ears of Public Health Ex	kperience:
$\bigcirc$	1-5 years	
0	6-10 years	
0	11-15 years	
$\bigcirc$	> 15 years	

	o you have prior experience as an undergraduate level mentor?
0	Yes
$\bigcirc$	No
	o you have prior experience as a graduate level mentor?
$\bigcirc$	Yes
$\bigcirc$	No
•	lave you participated in any formal workshops, training, or courses in research
r	mentorship?
	nentorship? Yes
0	
0	Yes
0	Yes
0	Yes
0	Yes No
0	Yes No Have you previously mentored a Ferguson RISE Fellow?
0	Yes No Have you previously mentored a Ferguson RISE Fellow? Yes

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

0		idual who provides professional research ning support, direct research instruction/oversight and eir projects.)
0	Preceptor (Definition: An incoversight only.)	dividual who provides technical research guidance and
0	counseling, and encourage	dual who is responsible for providing general support, ment related to academic and/or professional paches are not expected to provide a research project.)
•	Will you work with a co-m	entor?
	Yes No Research Co-Preceptor an	d Mentor Information
	Honorific (e.g., Ms., Mr., Dr., etc.)	
I	First Name	
I	Last Name	
	Degree (e.g., MD, MPH, PhD, etc.)	

Position Title	
Address:	
City	
State ( Please use two letter abbreviation for state )	
Zip Code	
Office Phone Number xxx- xxx-xxxx	
Cell Phone for urgent contact xxx-xxx-xxxx	
Email Address	
Institution/Organization	
Department	

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

Honorific (e.g., Ms., Mr., Dr., etc.)			
First Name			
Last Name			
Degree (e.g., MD, MPH, PhD, etc.)			
Office Phone Number (XXX-XXX-)	xxxx)		
Cell Phone Number (XXX-XXX-XX	xx)		
Email			
Who will work with your Fergus	son RISE Fell	ow if you are aw	vay or deployed?
Honorific (e.g., Ms., Mr., Dr., etc.)			

First Name	
Last Name	
Degree (e.g., MD, MPH, PhD, etc.)	
Office Phone Number (XXX-XXXX)	
Cell Phone Number (XXX-XXXX)	
Email	
Full Name of Research	
Assistant	
(if applicable, including	
honorific and degree)	

Project Title for Ferguson RISE Fellow

P	roject Type: (check all tha	t ap	oly)	
	Advanced Molecular Detection		Epidemiology	Public Health Economics
	Bioinformatics		Genomics/Genomic Epidemiology	Public Health Education
	Child Maltreatment		Health Promotion	Public Health Informatics
	Clinical Research		Infectious Diseases	Public Health Policy
	Community-Based Participatory Research		Laboratory Science	Wastewater Surveillance
	Developmental Disabilities		Mental Health/Substance Abuse	Not listed above, Describe
	Emergency Preparedness		Public Health Communications	

Description of Proposed Ferguson RISE Project (limit 250 words)

If your research needs an IRB	approval, will the research be IRB approved by the
June start date?	
June start date:	
) Yes	
	(Diagrap avalatia)
)   INO	(Please explain)
IDD conservation and acceptant	
) IRB approval unnecessary	
Uns	sure (Please comment)
	,

**Ensuring Data Access -** Summer Ferguson RISE Fellows must have access to data by the June start date that supports completion and presentation (i.e., oral or poster) of their research project by the end of July. Summer fellows are expected to submit a

research abstract to a national scientific meeting for presentation within 6-9 months of
fellowship conclusion. Data access for 12-Month Ferguson Fellows must support
completion of analysis, research presentation to CDC personnel, development of a
research abstract for a national scientific conference, and submission of peer-reviewed
manuscript by the completion of the fellowship.
For Summer fellows - A complete dataset will be accessible to the research team and fellow at the beginning of the fellowship
For Summer fellows - A dataset will be developed and available for analysis to support completion of a summer research project
For 12-month fellows - A dataset will be available or developed that will support completion of the 12-month fellowship deliverables (see above)

### Minimum Skills/Qualifications Required

	Required to complete the project	Willing to provide training
Bioinformatic workflows		
Biostatistics - basic		
Biostatistics - advanced		
Descriptive statistics		
Economics		
Epidemiologic data visualization		
Epidemiology		
Genomic/molecular epidemiology		

	Required to complete the project	Willing to provide training
Geographic Information Systems (GIS) (e.g., ArcGIS)		
Health, life sciences, or social sciences informatics		
Integration of laboratory and epidemiologic data or data visualization		
Laboratory protocols - general (e.g., PCR, cell culture)		
Laboratory protocols - complex (e.g., advanced molecular detection)		
Literature review		
Python		
R		
SAS		
SPSS		
STATA		
Survey design		
Please describe in the text box if not listed above (e.g., lab techniques, software applications, equipment, etc.)		

Check all that apply
□ BS-1
□ BS-2
BS-3
■ BS-4
Not Applicable
Is blood borne pathogen training required for your lab?
O No
O 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?
O No
Yes, Describe

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

How do you plan to engage students in CDC activities or activities within your

	Clinical shadowing
	Internal presentations on research progress and/or findings (e.g., Work-in- Progress meetings, capstone presentation)
	Journal club
	Regular branch/division/department seminars/webinars
	Regular branch/division/lab meetings
	Stakeholder engagement (e.g., listening sessions)
	Support for conference attendance
	Training course(s) and/or workshops; Describe
	Working group meetings
	Not listed above, Describe
	What is (are) the expected product(s) produced by the Ferguson RISE Fellow
(	during their work on the proposed research project?
	Peer-reviewed publication
	White paper
	Policy statement
	Internal report
	MMWR
	Submission of poster abstract for at least one national scientific meeting
	Not listed above. Please describe.

institution?

# What resources and support are you willing and able to provide during the Ferguson RISE Fellowship related to public health training, professional development, and employment opportunities in public health? (limit 250 words)

Career planning
Community engagement
Data analysis
Employment opportunities
Grant seeking and/or grant writing
Job application materials
Literature review
Professional networking
Public health administration
Public health advocacy
Public health program evaluation
Research ethics
Research study design
Scientific communication to a non-scientific audience
Scientific communication to a scientific audience
Scientific method, data collection and/or laboratory skills
Scientific writing
Statistical software coding
Not listed above; Describe

Other comments:
Would you like to review candidate applications that may align with your project
prior to scheduling/conducting the interview?
Yes
No

### **Agreement**

### 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. Please visit the Center for Excellence in Public Health Leadership at Kennedy Krieger for more details. <a href="https://www.kennedykrieger.org/training/programs/center-for-excellence-in-public-health-leadership/mentoring-opportunities">https://www.kennedykrieger.org/training/programs/center-for-excellence-in-public-health-leadership/mentoring-opportunities</a>

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

Yes, I agree to the above statement.	
Typed signature:	
Date: (XX/XX/20XX)	

#### Ferguson RISE Fellowship Mentor Agreement

Ferguson RISE Fellow.

I agree to participate in the Ferguson Fellowship Program as a Ferguson RISE
Fellow's mentor, preceptor, or coach 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 Mentoring Opportunities |
Kennedy Krieger Institute. 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 Fellows 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.

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

"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:	
Date (XX/XX/20XX)	

### To hide

F	Primary area of mentor or preceptor's professional focus (select one):
$\bigcirc$	Administration
$\bigcirc$	Clinical health practice
$\bigcirc$	Public health practice
$\bigcirc$	Policy
$\bigcirc$	Teaching/Training
$\bigcirc$	Research
$\bigcirc$	Not listed above, (please specify)
E	expected Training/Development Benefits for the Ferguson Fellow (check all that
C	apply):
	Research
	Leadership/Policy
	Clinical-Describe clinical area
	Other, Describe

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