UNDERGRADUATE MENTOR AGREEMENT

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Maternal Child Health Careers/Research Initiatives for Student Enhancement Undergraduate Program (MCHC/RISE-UP)

Thank you for agreeing to participate as a Project Mentor for the Maternal Child Health Careers/Research Initiatives for Student Enhancement Undergraduate Program (MCHC/RISE-UP). The MCHC/RISE-UP operates during the *first week of June through the last week of July and* provides opportunities for enhanced public health leadership training in maternal and child health, focusing on social determinants of health, promotion of health, and care for those with developmental disabilities. Grant funding for this program was awarded to Kennedy Krieger Institute by the Centers for Disease Control and Prevention (CDC) under the John R. Lewis Undergraduate Public Health Scholars Program Initiative. MCHC/RISE-UP is designed to develop a national consortium of institutions and universities that provides undergraduate scholars with three types of public health leadership experiences. Scholars may participate in up to two of three public health leadership experiences during their summer in the MCHC/RISE-UP, namely:

(1) Clinical, (2) Research, and (3) Community Engagement and Advocacy.

The primary responsibility of the Project Mentor is to provide a public health leadership experience that supports the scholars' academic, career, and professional development. A stipend is provided to the scholars. By the end of the summer, each scholar is expected to produce a poster presentation based on their summer public health experience. Following MCHC/RISE-UP, the Project Mentor may be asked to write letters of recommendation or work with the scholar on publications and projects following their formal participation in the Center for Excellence in Public Health Leadership program.

Our funders request a signed Mentor Agreement that includes a project description, background information on years of experience, and area of focus from each of our mentors. Thank you in advance for providing this information. More information on mentoring opportunities may be found by visiting the

website: https://www.kennedykrieger.org/training/programs/center-for-excellence-in-public-health-leadership/mentoring-opportunities

Consent for Research Participation

The information you provide via this survey is required by the funding agency for program evaluation and 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 thereof) 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 any time. Cancellation will not affect information already collected. Only de-identified (or limited, e.g., including dates) data will be used in research publications.

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 or would like to cancel permission to use your information at any time, 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 or by email at CenterforExcellenceNPH@kennedykrieger.org.

Completing this Mentor Agreement Application does not guarantee that an undergraduate scholar will be matched with you on your proposed project. You will be notified as soon as possible regarding your mentor-scholar match.

THANK YOU for your time and interest in mentoring!

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

I agree to be an UNDERGRADUATE Project Mentor for scholars in the Center for Excellence in Public Health Leadership Program

- ◯ Yes

- ◯ No

I would like to be an UNDERGRADUATE (MCHC/RISE-UP) Project Mentor for the:

- ◯ Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University)
- ◯ SD Partners (University of South Dakota, Sanford School of Medicine)
- ◯ CA Partners (University California Davis and MIND Institute)
- ◯ Ft Belknap MT Partner (Aaniiih Nakoda College)

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

Sex

- ◯ Female
- ◯ Male

Race (select all that apply)

- ☐ Black
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian /Other Pacific Islander
- ☐ White
- ☐ Multiple race
- ☐ _____ Unknown or prefer not to answer

Ethnicity

- ◯ Hispanic or Latino
- ◯ Non-Hispanic or Latino

○ [ ] Unknown or prefer not to answer

Describe your prior experience (select all that apply):

- [ ] Undergraduate level mentor
- [ ] Graduate level mentor
- [ ] No prior experience

Years of Public Health experience:

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

Degree(s) Earned (select all that apply):

- [ ] BA
- [ ] BS
- [ ] BSN
- [ ] DDS
- [ ] DPT or PT
- [ ] DrPH
- [ ] DSW
- [ ] DVM
- [ ] EdD
- [ ] JD
- [ ] JD/MPH
- [ ] MA
- [ ] MBA
- [ ] MD
- [ ] MHA
- [ ] MHS
- [ ] MPH
- [ ] MPH/MD
- [ ] MPH/MBA

- [ ] MPP
- [ ] MPS
- [ ] MS
- [ ] MSN
- [ ] MSPH
- [ ] MSW
- [ ] OTD or OT
- [ ] PharmD
- [ ] PhD
- [ ] PsyD
- [ ] RN
- [ ] SLP
- [ ] Other (Specify) _____

Select the focus of the UNDERGRADUATE Project track(s).

- [ ] Clinical
- [ ] Community Engagement and Advocacy
- [ ] Research

Research / Program Interest. (select all that apply):

- [ ] Advocacy/ Policy/Social Justice
- [ ] Community Health
- [ ] Clinical Research
- [ ] Child and Adolescent Health
- [ ] Chronic Diseases
- [ ] Developmental Disabilities/Neurodiversity
- [ ] Environment Health
- [ ] Epidemiology/Infectious Disease
- [ ] Health Promotion and Communication
- [ ] Injury and Accidental Prevention
- [ ] Laboratory Sciences
- [ ] Maternal Health
- [ ] Mental Health/Behavioral Sciences
- [ ] Nutrition
- [ ] Occupational Health

- [ ] Substance Use and Harm Reduction
- [ ] Other (Please specify)

State the project title and provide a description of the project. (Limit 250 words) IMPORTANT: Please include expected or required skills of scholar. Provide article citations, URLs, or recommended readings that may be helpful for the scholar to prepare for their summer experience.

Project Type - Please select all that apply.

- [ ] Clinical
- [ ] Community Engagement and Advocacy
- [ ] Research
- [ ] Lab
- [ ] Policy
- [ ] Other (please describe)
- [ ] **Mentor Coach -Select this option if you would like to provide weekly academic and professional guidance to an MCHC/RISE-UP scholar but do not have a specific clinical, research or community engagement project.

Please indicate all appropriate responses regarding IRB status.

- [ ] The project requires IRB approval, and approval has been obtained
- [ ] The project requires IRB approval, and it will be obtained prior to the start of the program
- [ ] The student will need to be added to the IRB
- [ ] The student will NOT need to be added to the IRB
- [ ] The project does not require IRB approval

How many scholars can you mentor this summer?

- ○ 1
- ○ 2
- ○ 3

Which best describes the project?

- ◯ In Person
- ◯ Virtual
- ◯ Hybrid

How frequently will you meet with the scholar(s) to discuss the project?

- ◯ weekly
- ◯ 2-4 times per week
- ◯ less than weekly

Do you have an office space for the scholar?

- ◯ Yes, same location as noted in Mentor/Project Preceptor Information section.
- ◯ No, please provide suggestions for office space
- ◯ Yes, but in a different location than the mentor. Provide office location information for the scholar (building, address, phone number)

How many days per week would you like the scholar to be available at your site? [If in person or hybrid].
select all that apply

- ☐ One day per week
- ☐ Two days per week
- ☐ Three days per week
- ☐ Four days per week

What days of the week are best for the scholar to work at your site (select all that apply)?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday

Primary Mentor Information:

First Name:

Last Name:

Address

Office Room Number

City

State

Zip code

Agency/Organization:

Department (write "none" if not applicable):

Office Phone (XXX-XXX-XXXX):

Cell Phone (XXX-XXX-XXXX)

Email Address:

Type of Organization

Is there a secondary mentor?

- ◯ Yes
- ◯ No

Secondary Mentor Information:

First Name:

Last Name:

Address

Office Room Number

City

State

Zip code

Agency/Organization:

Department (if applicable):

Office Phone:

Cell Phone:

Email Address:

UNDERGRADUATE MENTOR AGREEMENT

By checking each box below, you are agreeing to participate as an Undergraduate Mentor.
REQUIRED: A typed signature serves as an electronic signature of agreement on this form.

Please check all the following:

- ☐ I agree to be a Project Mentor in the Maternal Child Health Careers/Research Initiatives for Student Enhancement Undergraduate Program (MCHC/RISE-UP) as indicated above.
- ☐ I agree to provide a summer public health experience for student(s).
- ☐ I have visited the Mentoring Opportunities webpage and read through the Mentor Information Packet.
- ☐ I will attend or review the archived webinar which includes important information about mentoring in the MCHC/RISE-UP program.
- ☐ I understand that students are required to develop a poster and present the results of their summer project experience to their mentors and peers at the end of summer event.
- ☐ By agreeing to participate with MCHC/RISE-UP I will complete the Mid-Summer, and a Final Evaluations found in the Mentor Information Packet.
- ☐ I will provide an opportunity to encourage scholars to learn about public health and work in healthcare and/or the public health sector.
- ☐ **Typed Signature**

☐ ☐ **Date**