Mentor Agreement

Thank you for mentoring a resident in research! The over-arching responsibility of the mentor is to guide and supervise the mentee’s research so that they accomplish the specified research goals. This includes:

1. Defining specific, measurable goals that can be achieved in the proposed timetable.
2. Reviewing the specific project goals, research design, method of data collection and analyses at the outset of the project.
3. The mentor must agree to supervise the project once started and have regular meeting with the resident to discuss progress, expectations and future directions.
4. If two or more residents are working on the same project, each of their roles needs to be clearly delineated.

Please complete the following:

1. **Resident’s information**

* First Name
* Last Name
* Email Address
* Title of Project

1. **Mentor’s Information**

* First Name
* Last Name
* Email Address
* Telephone number (for internal use only)
* Title/Degree
* Department/Division

1. Is the proposed project a clinical interventional study

Y \_\_\_\_ N\_\_\_\_

1. I certify that I have read and approve the research design for scholarly rigor, relevant background, methodology, and potential relevance/impact

Y \_\_\_\_ N\_\_\_\_

1. The methods section should provide a clear and detailed description of analytic approaches. I certify that I have read and approve the proposed methods of data collection

Y \_\_\_\_ N\_\_\_\_

1. I certify that I have read and approve the proposed methods of data analysis including statistical methods and justification for sample size if applicable.

Y \_\_\_\_ N\_\_\_\_

1. I anticipate publication from this project and I have discussed authorship with the resident?

Y \_\_\_\_ N\_\_\_\_

1. The following is a brief description of my role as mentor including plans for training and supervising (meeting frequency, review of work etc.)
2. I acknowledge that if the project involves human subjects, mentors must have Institutional Review Board (IRB) approval prior to the residents’ starting the research activity, and IRB approval must be maintained throughout the project period. There can be no exceptions or time extensions for this.

Y \_\_\_\_ N\_\_\_\_

By submitting this form, I acknowledge that I am responsible for the accurateness, ethical and legal oversight of the resident and the project.

**Signature: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit this signed form to the UMKC School of Medicine Associate Dean for Research –** [*nicholsap@umkc.edu*](mailto:nicholsap@umkc.edu)