

**VCHRI Investigator Awards
Mentored Clinician Scientist Mentoring Plan**

Mentor Name:

Mentee Name:

What is the purpose and desired outcomes of the mentoring relationship?

Describe how the mentor will be involved in helping the applicant develop skills:

What are the expectations of each other?

What will the communication methods and frequency be?

What actions will be taken if problems arise?

I agree to enter this mentoring relationship as defined above.

Mentor Signature: _____

Date: _____

Mentee Signature: _____

Date: _____