Vancouver CoastalHealth Research Institute

VCHRI Investigator Awards
Mentored Clinician Scientist Mentoring Plan

Mentor Name:

Applicant Name:

How will the applicant and mentor work together? This should include expectations of each other, communication methods and frequency, how problems will be dealt with etc.:

Describe how the mentor will help the applicant acquire desired skills or achieve goals:

THIS DOCUMENT SHOULD NOT EXCEED 2 PAGES

Describe the experience the mentor has in mentoring trainees/young faculty:

Provide any other details of relevance about the applicant and mentor (optional):

By signing below, the applicant and mentor agree on how they will work together as outlined above:

Mentor Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

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