**CaRES Mentoring Contract for 2021**

***The purposes of this Mentoring Contract are to ensure that CaRES preceptors and their students share an understanding of the goals of their research project; and agree on a mentorship plan for the summer.***

***CaRES* Project Number:**

**Preceptor name:**

**Student name:**

**Student’s 3 Main Duties (listed on the CaRES Internships page, or updated duties):**

**1.**

**2.**

**3.**

**Any additional expectations that the mentor/co-mentor has of mentee:**

**IRB, IACUC, and Database Approval (dates indicated below must be before project start date):**

**If this CaRES project is subject to IRB/IACUC approval, indicate approval date:**

**If the CaRES student needs IRB/IACUC training, state when training has been or will be done:**

**If student needs access to a protected database, state when access has been or will be granted:**

**Questions for Student:**

1. **What type of assistance do you want from your mentor/co-mentor?**
2. **What expectations do you have of your mentor/co-mentor?**
3. **Are there any additional areas that you would like to discuss with your mentor/co-mentor prior to your internship?**

**Schedule In-person Meetings:**

**Meetings are to discuss research progress, problems or obstacles that have arisen, anticipated absences, changes in work schedule, need for additional supervision, and plans to publish CaRES research.**

**Student’s first day of CaRES (Date of 1st in-person meeting):**

**Student’s mid-point day of CaRES (Date of 2nd in-person meeting):**

**Student’s last day of CaRES (Date of 3rd in-person meeting):**

**Daily Check-ins by Student:**

**Per NCI guidelines, student is to contact preceptor or other senior research investigator/supervisor each day to report progress for the day and plans for tomorrow. Communication by telephone or Zoom is required and preferred, or email in rare instances. Student will also inform CaRES staff each day that contact has been made.**

**Tentative time and mode of daily contact, and who will initiate contact (e.g., student will initiate contact at 4 PM each day, by Zoom):**

**Initials of Student: \_\_\_\_\_\_ Initials of Preceptor: \_\_\_\_\_\_**

***Please email this completed mentoring contract to CaRES Program Director Dr. John Waterbor*** [***h2obor@uab.edu***](mailto:h2obor@uab.edu) ***or fax it to him at 205-934-8665. Direct questions to Dr. Waterbor (205-934-7146).***

***February 17, 2021***