



SciPAC Mentorship Agreement



We and
mentor (rank, first name, last name) mentee (rank, first name, last)

agree to enter a mentorship agreement for a period of one year. By entering into this agreement we agree to the following:

- The mentor recognizes their role as a professional role model and commits to sharing advice, experience, and guidance consistent with the USPHS core values of leadership, service, integrity and excellence.
- The mentee understands that the relationship is designed to meet their needs and that primary responsibility for career planning and personal development remains the mentee's responsibility.
- Both agree to respect the other's requests and to maintain confidentiality before, during, and after the mentoring period. Both recognize that our participation in this career and professional development program is voluntary and may require off-duty time.
- Both agree that either participant may end the relationship without question or repercussions at any time by contacting the SciPAC Mentoring Subcommittee Chair. The agreement will expire after 1 year unless renewed by both participants.

Areas of particular interest (check all that apply)

Advancement and Promotion

- USPHS Benchmarks
- Awards
- Mobility (billet opportunities)
- Collateral duties within agency
- Reviewing promotion documents
- Networking
- Collateral duties outside of agency (e.g. JOAG, COA)

Deployment

- Roles/responsibilities
- Logistics/preparedness
- Family considerations

Personal Growth

- Work/life balance
- Support within PHS (e.g., CORPS Cares)

Leadership Development

- Leadership trainings and materials
- Professional communication
- Managing team dynamics
- Decision making
- Strategies to identify weak spots
- Delegating tasks

Discipline-Specific Professional Development

- Professional licensure/certification
- Professional organizations
- Continuing Education
- Career planning (e.g., program management, international health)

Other

To facilitate cooperation and avoid obstacles, we agree to the following terms

Frequency of contact (recommend at least quarterly):

Preferred method of contact:

Date of agreement: to

The following are the discussed and agreed upon goals: (free text)

Mentor signature

Mentee signature

Additional mentoring resources can be found:

SciPAC Mentoring Subcommittee Website