UC Davis Schools of Health Mentoring Academy
MENTORING PARTNERSHIP AGREEMENT

As a mentor and a mentee in the UC Davis schools of health faculty mentoring program, we agree to abide by the following set of guidelines:

- Commit to making the time to meet on a regular basis.
- Keep the content of our conversations confidential.
- Practice active listening.
- Provide each other with honest, direct and respectful feedback.
- Other (please specify) ____________________________________________________

1. Check the topics to be addressed in mentoring sessions
   Teaching          Additional mentors
   Research          Self development
   Clinical care     Networking
   Service           Work/life balance
   Leadership

2. Circle the frequency of meetings for this year
   Weekly       Bi-monthly    Monthly   Quarterly   Other ____________
   Contact number(s) for scheduling__________________________________________

3. Information provided by mentee prior to each meeting
   None
   Updated CV (new additions highlighted)
   Outline of topics to be discussed
   Other (please specify) ______________________________________________________

4. Please discuss, edit, and check the expectations for this mentoring relationship
   Responsibilities of Mentor(s). (If have multiple mentors, place initials of each mentor associated with each:
   Help set priorities to achieve academic advancement
   Provide assessment and formative feedback for accomplishments; help plan ‘next steps’
   Encourage creativity and broader thinking
   Provide emotional support
   Act as an advocate
   Actively address any problems with mentorship relationship
   Other (please specify)_______________________________________________________

   Responsibilities of Mentee:
   Understand the academic series; review career with Department Chair annually and with the Associate Dean for Academic Personnel, when needed
   Provide personal goals, priorities, and updates
   File simple post-meeting reports with DMD/CMD (include topics discussed, goals, and may include accomplishments, joys, frustration, and self-evaluation)
   Recognize when and how often mentoring input is needed and ask for it
   Actively address any problems with mentorship relationship
   Other (please specify)_______________________________________________________

5. If mentor/mentee relationship is not working, we will discuss with DMD or Director of Mentoring Academy and seek guidance and resolution
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Date Submitted ________________________________