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
   - Research
   - Clinical care
   - Service
   - Leadership
   - Additional mentors
   - Self development
   - Networking
   - Work/life balance

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

Primary Mentor ___________________________ Mentee ___________________________

Additional Mentor ___________________________ Mentee ___________________________

Additional Mentor ___________________________ Mentee ___________________________

Date Submitted _________________________________________