

**UNIVERSITY OF KANSAS MEDICAL CENTER BIRCWH K12**  
***“IWHR Scholar Agreement”***

**IWHR Scholar Name:** \_\_\_\_\_

**IWHR Scholar Department:** \_\_\_\_\_

**IWHR Scholar School:**     **Allied Health**  
                                  **Medicine**  
                                  **Nursing**  
                                  **Pharmacy**

**IWHR Lead Mentor (Name, Department, School):**

\_\_\_\_\_  
\_\_\_\_\_

**Responsibilities:**

- 1. The IWHR Scholar will have at least 75% protected time for research in women’s health while supported by the BIRCWH K12 program.**
- 2. The IWHR Scholar and ‘Lead’ Mentor will provide semi-annual progress reports while actively supported by the BIRCWH K12 program and annual progress reports following graduation from the program.**
- 3. The Home Department, Research Center, and/or Research Institute will provide laboratory space and resources for continued faculty development after the IWHR Scholar graduates from the BIRCWH K12 program.**

**PRINT FORM AND OBTAIN SIGNATURES. The original signed form needs to be mailed to Beth Kerling at MS 4013. Multiple pages of signed originals are acceptable.**

**Signatures and Dates:**

**IWHR Scholar:** \_\_\_\_\_

**Lead Mentor:** \_\_\_\_\_

**Division Director:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_

**Dean of School:** \_\_\_\_\_

**Center/Institute Director:** \_\_\_\_\_