

**UNIVERSITY OF KANSAS MEDICAL CENTER BIRCWH K12  
FACULTY DEVELOPMENT PLAN**

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

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

- IWHR Scholar School:    Allied Health  
                                   Medicine  
                                   Nursing  
                                   Pharmacy

IWHR Mentors (List Lead Mentor First):

Name \_\_\_\_\_ Department \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ School \_\_\_\_\_

Items 1-3 need to be submitted as Word documents to [smcclure@kumc.edu](mailto:smcclure@kumc.edu).

1. Submit NIH-style Biosketches for the prospective IWHR Scholar and Mentors.
2. Submit Title and Abstract (200 word max) of proposed research project.
3. **Faculty Development Plan**: Please provide a five-year plan that includes information on career development and a research plan. *CAREER DEVELOPMENT* (e.g. information on proposed didactic training, especially grant writing and research ethics, research meetings to be attended, target dates for grant submissions and types of grants to be submitted, frequency of planned meetings with mentors, 2-3 pages) and *RESEARCH PLAN* (2-3 pages). **Maximum page limit for the entire Faculty Development Plan is 5 pages.**
4. Letter(s) from Department Chair and/or Research Center/Research Institute Director describing in detail the commitment to the prospective IWHR Scholar while supported by the BIRCWH K12 Program and after graduation (including, salary support, office and research space, and research start-up package). Original signed letters, along with this signed form, need to be mailed to Stacy McClure at MS1053 or delivered to Lied 1045.

**PRINT FORM AND OBTAIN SIGNATURES**

**Signatures and Dates:**

IWHR Scholar: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Mentors: \_\_\_\_\_ Date: \_\_\_\_\_

Mentors: \_\_\_\_\_ Date: \_\_\_\_\_

Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of School: \_\_\_\_\_ Date: \_\_\_\_\_

Center/Institute Director: \_\_\_\_\_ Date: \_\_\_\_\_