

UNIVERSITY OF KANSAS MEDICAL CENTER BIRCWH K12
“FACULTY DEVELOPMENT PLAN”

IWHR Scholar Name: _____

IWHR Scholar Department: _____

IWHR Scholar School: Allied Health Nursing Medicine Pharmacy

IWHR Mentors (Name, Department, School; list ‘Lead’ Mentor first):

Name _____ Dept _____ School _____
Name _____ Dept _____ School _____
Name _____ Dept _____ School _____

Items 1-3 need to be submitted as Word Documents to ekerling@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 Beth Kerling at MS 4013. Multiple originals of this form are acceptable.

Signatures and Dates:

IWHR Scholar: _____ Date: _____

Mentors: _____ Date: _____

_____ Date: _____

_____ Date: _____

Division Director: _____ Date: _____

Department Chair: _____ Date: _____

Dean of School: _____ Date: _____

Center/Institute Director: _____ Date: _____