

CTSI Research Professional Mentor Program Supervisor Statement of Support

Applicant Name: _____

Title: _____

By completing and signing below, I acknowledge and support the applicant stated above to serve as a Mentor in the CTSI Research Professional Mentor Program. I understand that the time commitment for mentors includes:

- One-time program orientation and basic introduction to mentoring (additional mentor training opportunities will be available, but not required)
- Twice per month meetings with mentees
- One-year commitment to the program once they are matched with a mentee

I encourage and support this applicant's participation in the Research Professional Mentor Program.

Supervisor's Name: _____

Department: _____

Email: _____

Phone Number: _____

Signature

Date