

COALESCE MENTOR PROGRAM APPLICATION: ACKNOWLEDGEMENT FORM

The Collaborative Research, Implementation, and Leadership Training to Address Chronic Conditions across the Life Course (COALESCE) is a highly competitive program that connects promising early career scientists with mentors and training opportunities to engage in designing public health studies, programs, and policies to address chronic diseases across the life course. Participants in the mentor program will expand their mentoring skills and contribute to the development of the next generation of research scientists.

This form IS NOT a letter of recommendation; it serves to ensure that department heads and supervisors are aware of the time commitment involved in the program and that they agree in advance to support the applicant's participation if selected.

RE: COALESCE Applicant (name):

Time Commitment:

Mentors selected to participate will remain in their current positions while participating in the program. In order to participate in this program, mentors are required to attend the activities below during the training year(s). **The participant will require time off from regular work to participate in some of these activities; time required may vary from month to month.**

- Attend a short (1-2 day) training course on effective mentoring and how to promote the career development of junior investigators; and
- Participate in bimonthly meetings (either by phone or in-person) with trainee(s) during the entire 18-month training phase.

Benefit to the Organization:

If this applicant is selected to participate in the program, he/she will gain the following:

- Experience and increased confidence in mentoring others; and
- Access to a network of public health leaders from prominent global health agencies and institutions.

Dear COALESCE Selection Committee:

The above-mentioned member of my institution has applied to participate in the COALESCE program. This document serves to indicate that I agree in advance for the candidate to participate, and I understand the time commitment required of the applicant and the potential benefits to our organization if the applicant is selected to participate in the program.

By entering my name below, I acknowledge that I understand the time commitment and the potential benefit to our institution if this applicant is selected to participate in this program, and agree to support him/her in this endeavor.

Department Head/Supervisor Name

Position

E-mail address

Date
