SCHOLAR PROGRAM PLAN

Scholar: please note—before submitting this plan to the KHSP-CT National Program Office, please obtain signatures from your Training Site Leadership and academic and community mentors. These signatures are required to be on file with the NPO.

By my signature, I recognize the obligations as described below toward assuring the successful satisfaction of the goals of this fellowship.

Scholar: _____   **Signature:** _____

Training Site: _____   **Date Plan signed:** _____

Program Start Date: _____   **Program End Date:** _____

A scholar program plan should be submitted *by the Scholar* to the KHSP-CT National Program Office no later than six months after the scholar's start date. Please note that the following is the suggested form. However, if your Training Site has another form or method for gathering this information, please feel free to use it. Scholars are responsible for working with their advisors/mentors to develop and submit this plan. The plan should be aimed toward achievement of the KHSP-CT competencies, as described in the document titled "Program Goal and Competencies." This scholar program plan will become a public document, as excerpts may be used for purposes of reporting, evaluation, or other public materials.

Please address the following:

1. Prioritize the program competencies that the scholar will be working to develop or achieve over the course of the post-doctorate.

2. List advisory team members. Team should include both academic and community members. Indicate the role/responsibilities that team members will play in assisting the scholar with achieving program competencies. Discuss the plan for supervision.

3. List specific projects and tasks to achieve competencies.

4. In what ways do these projects incorporate community-based, participatory research principles? Describe the role that community-based organizations play in these projects.

5. What implications for policy do these projects have? In what ways does the scholar plan to involve policy/advocacy organizations and advisory team members in the process of translating research to policy? What products will be produced or activities carried out in this process?

6. Describe any additional plans for orientation to the university and community (since the submission of the Statement of Current Plans).

7. List coursework and/or training needed, and how it will be provided.

8. Discuss plan for writing, presentations, and publication.

9. Discuss plan for teaching.

10. Discuss job search plans.

11. Outline a timeline indicating important target dates for program plan elements during the time period
    (advisory team, orientation, projects, tasks, coursework/training, writing/publication, presentations, policy products or activities, teaching, and job search).

By our signatures, each of us recognizes our obligations as described in the program plan toward assuring the successful satisfaction of the goals of this fellowship.

The following points have been considered in reviewing this Program Plan:
   1. Appropriate mentoring relationships have been identified to support the scholar.
   2. Sufficient resources are available to support this program plan.
   3. This project can be completed within the timeframe OR plans are in place to sustain the project.
   4. There is sufficient supervisory and technical capacity to carry out this project.
   5. The plan for translating the research findings into policy products or activities is achievable.
   6. The plan fulfills the requirements of KHSP-CT.

Kellogg Health Scholars
Connecting Academe, Community, and Policy

Community Mentor: _____ **Signature:** _____
  (please provide complete information below)

Academic Mentor/Advisor: _____ **Signature:** _____
  (please provide complete information below)

Training Site Leader: _____ **Signature::** _____
  (if different from Academic Mentor listed above)

Please provide the following contact information for each community and academic mentor and turn in with the Program Plan. If more than one community or academic mentor, also include their complete information. List your primary community and academic mentors first as these are the individuals who will be invited to participate at the annual networking meeting.

Community Mentor:

Name: _____

Title: _____

Community Organization: _____

Address: _____

City / State / ZIP: _____

Telephone #: _____ Fax #: _____

Email: _____

Organization's website, if available: _____

Academic Mentor/Advisor:

Name: _____

Title: _____

Department: _____

Address: _____

City / State / ZIP: _____

Telephone #: _____ Fax #: _____

Email: _____

Policy/Advocacy Contact:

Name: _____

Title: _____

Organization: _____

Address: _____

City / State / ZIP: _____

Telephone #: _____   Fax #: _____

Email: _____