

MENTORSHIP, EDUCATION AND TRAINING (MET) APPLICATION

1. INSTRUCTIONS

If you are interested in the MET program, please complete the application below. You need to meet with your chair (and/or your division chief, if appropriate) to obtain approval to participate and to identify the time in your schedule required to participate. You must commit to making the time to meet with your mentor on a regular basis (no less than quarterly) and participation in the MET panel at the Chao Family Comprehensive Cancer Center’s Annual Scientific Retreat in September. Attach your NIH biosketch and curriculum vitae to the completed application and send to mcclend@uci.edu.

2. INDIVIDUAL INFORMATION

Name:

Department/Division:

Are you a member of the cancer center?

Not sure? Click [here](#) to see if you are.

Yes

Please indicate your research program below. If you are not sure of your program click [here](#).

- Cancer Prevention & Prognosis (CPP)
- Chemical Structural Biology (CSB)
- Onco-Imaging and Biotechnology (OIB)
- Systems, Pathways & Targets (SPT)

Or:

Associate Member (AS)

No

You must be a member of the cancer center in order to apply for the MET Program. Click [here](#) to apply for membership.

Academic Series:

- FTE
- In-Residence
- Adjunct
- Clinical X
- Health Science Clinical
- Other

Academic Step:

- Assistant
- Associate
- Professor

Academic Rank:

- I
- II
- III
- IV

Years at UC Irvine (e.g. 2008-present):

Projected Date of Promotion:

Mailing Address:

City:

State:

Zip:

Email:

Phone:

3. MENTOR INFORMATION

Primary Mentor (if any):

Additional Mentor(s):

of Meetings with Mentor(s):

Suggested Mentor(s):

How often would you like to meet with your mentor?

Monthly

Every other month

Quarterly

Other _____

4. RESEARCH ACCOMPLISHMENTS

Grants
 Please list all grants submitted for the **past two years**, whether awarded or not.

	Title of Project	Year Applied/ Awarded	Awarded (Y/N)	Total Direct Funding Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Clinical Trials						
Please list all clinical trials in development and/or opened for the past two years.						
Title of Clinical Trial		Year	Funded (Y/N)	Sponsor Protocol #, UCI # or HS#	Funding Sponsor	Total Direct Funding Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						

Abstracts/Presentations		
Please list all abstracts/presentations submitted for the past two years.		
Title of Abstract/Presentation	Year	Conference
1		
2		
3		
4		
5		
6		
7		
8		
9		

Publications			
Please list all publications submitted for the past two years.			
Title of Article	Year	Journal Name	PMCID
1			
2			
3			
4			
5			
6			
7			
8			
9			

6. OPTIMAL DISTRIBUTION OF EFFORT

To support an optimal research career, please create a realistic Optimal Distribution of Effort table, taking into account your specific goals:

Focus Area	# Hours/Week	% of Total Duties
Teaching		
Research		
Clinical Care		
Community Engagement		
Administration/Service		
Self-Development (Networking, Work/Life Balance and Additional Mentors)		
TOTAL		

7. PARTICIPATION AGREEMENT (ALL BOXES MUST BE CHECKED FOR APPLICATION TO PROCEED.)

- I agree to participate fully in the MET Program and to fulfill the requirements and expectations as contained in section 1 of this application.
- I have met with the Chair of my department (and/or my Division Chief, if appropriate) and we have discussed the time commitment involved in participating in this program.
- I agree to present at the MET Panel at the Chao Family Comprehensive Cancer Center’s Annual Scientific Retreat in November. In addition, I have committed a specific time in my schedule to meet with my mentor at a minimum of once every three months (quarterly).

IMPORTANT NOTE REGARDING E-SIGNATURE: By typing your full name below and submitting this application, you acknowledge and agree that your typed name represents your signed name (signature) and that you intend for this electronic signature to have the same force and effect as a manual (handwritten) signature.

Full Name (Mentee) – Electronic Authorization:		Date:	
---	--	--------------	--