

# Scientist Mentoring & Diversity Program for MedTech (SMDP MedTech) Personalized Mentoring Plan

## Frequency of Meetings

We will meet at least \_\_\_\_\_time(s) each month at \_\_\_\_\_ Eastern time on the \_\_\_\_\_ of the month. If we cannot attend a scheduled meeting, we agree to notify one another in advance.

Meetings will occur: \_\_\_\_\_ (ie. in person, by phone, by email)

## Duration

Our mentoring relationship will continue for one year or until \_\_\_\_\_

Mentor Name: _____	Scholar Name: _____
Mentor Email: _____	Scholar Email: _____
Mentor Phone: _____	Scholar Phone: _____
Time zone: _____	Time zone: _____

We are voluntarily entering into a mentoring relationship from which we both expect to benefit. This will be a rich, rewarding experience with our time spent in professional development activities.

GOAL	Title	Due Date
+	<b>Add Action Items:</b>	
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