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| **INSTRUCTIONS**:   * Mentees are responsible for submitting this form to [rcr@une.edu](mailto:rcr@une.edu) to receive individual credit for participation in a 1-hour facilitated discussion led by their mentor. * Contact the Office of Training in Research at [rcr@une.edu](mailto:rcr@une.edu) for any questions you may have with regard to this form. |

| 1. **MENTEE & MENTOR INFORMATION** | | | | | | |
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| **Mentee’s Name**:  Enter text | | | **You are**:  Faculty  Staff  Student  Resident | **UNE Center or College**: | | Enter text |
| **E-Mail**: | Enter text | | **UNE Dept. or Program of Study**: | | Enter text |
| **Phone #**: | Enter text | |
|  | | | | | | |
| **Mentor’s Name**:  Enter text | | **E-Mail**:  Enter text | | | **Phone #**:  Enter text | |
|  | | | | | | |
| **RCR Topic Area** *(select all that apply):*   |  |  |  | | --- | --- | --- | | Authorship & Publication  Research Misconduct  Collaboration | Data Acquisition & Management  Conflicts of Interest  Peer Review | Mentor & Trainee Relationships  Social Responsibility  Other RCR Topic Area *(describe below)* |   Enter text | | | | | | |
| **Date of Mentored Discussion** (MM/DD/YYYY):  Enter text | | | | | | |

| 1. **MENTORED DISCUSSION SUMMARY** |
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| **Provide a brief summary of the discussion and how it might inform your behavior, approach, or mindset going forward.**  Enter text |

| 1. **MENTEE ATTESTATION** *(Typed signatures are NOT accepted!)* |
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| I acknowledge participation in the mentored RCR discussion, and confirm the information provided in this form is true and accurate.   |  |  |  | | --- | --- | --- | |  |  |  | | Mentee Signature |  | Date | |