

## Academic Career Planning Form

Name \_\_\_\_\_

Current training program \_\_\_\_\_

Current post-graduate year \_\_\_\_\_

Expected Primary Professional Roles (select one or more)

\_\_\_\_\_ Educator and Education Leader

\_\_\_\_\_ Clinical Program Director

\_\_\_\_\_ Basic Science Researcher

\_\_\_\_\_ Clinical Science Researcher

\_\_\_\_\_ Health Services and Systems Researcher

\_\_\_\_\_ Other

Proposed primary mentor: \_\_\_\_\_

Proposed additional mentors: \_\_\_\_\_

Age-related content areas of interest (e.g. geriatric syndrome, health care setting, type of problem):

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Proposed didactic coursework goals: \_\_\_\_\_

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Degree, Program: \_\_\_\_\_

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Types and sources of courses: \_\_\_\_\_

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Proposed Academic Project (title, collaborators, setting, resources needed, abstract with purpose, sample, procedures, evaluation plan):

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Other proposed activities: \_\_\_\_\_

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Clinical: \_\_\_\_\_

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Other: \_\_\_\_\_

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