

CHSR Mentee Enrollment Form

Mentee Profile

Name:

Date:

Home Address:

City/State/Zip Code

Cell Phone:

Email address:

College (ex. Medicine, Public Health, Health Sciences, Communication, etc.):

Major/Degree:

Year in School (freshman, sophomore, junior, senior):

Current GPA:

Health Services Research Field of Interest

Area(s) of HSR that you would like to learn more about:

Health Disparities _____ Implementation Science _____

Quality and Process Improvement _____ Social determinants _____ Care transitions _____

Health Literacy _____ Substance abuse _____ other: _____

CHSR Project Interest(s) *see website for more information* rank in order of interest with 1 being most interested

_____ Project ACHIEVE _____ Project BOOST _____ ICAN _____ R21

_____ KC-AHC _____ T&E Core

CHSR Faculty Interest(s) *see website for more information* rank in order of interest with 1 being most interested

___ Jean Edward, RN, PhD ___ Jing Li, MS, MD ___ Brittany Smalls, PhD ___ Hilary Surratt, PhD

___ Mark Williams, MD

Please return completed form via email to Shaunescia.davis@uky.edu