

**Faculty Mentoring and Development Program
University of North Carolina
Department of Pediatrics**

Faculty Mentoring Committee Meeting Record

Faculty Member: _____

Date of Meeting: _____

Mentorship Committee Chair: _____

Mentorship Committee Members: _____

1. Specific academic (care, advocacy, research, education) goals identified at initial meeting:

Career plans:

Attendance/Presentation at professional meetings:

Publications:

5. Assessment of overall satisfaction:

6. Other issues/concerns:

7. Mentoring committee assessment of progress toward meeting academic goals:

8: Discussion of progress toward promotion.

Signatures:

Faculty Member

Date

Committee Chair

Date

Vice Chair for Faculty Development

Date

Please remember to provide copies of this form to the Division Chief and to:

Gaybriell Kilpatrick(gkilpat@email.unc.edu)

CB# 7220, 919-966-6595

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