

Individual Career Development Plan (update 6 month intervals)

Name: Depart/Division	Mentor: Dept/Division			
Statement of Expertise:				
Area of Excellence	Where am I now?	Goals	Strategies	Timeline
Scholarship <ul style="list-style-type: none">• Peer-Reviewed Publications• Book Chapters• Invited lectures• Funding				
Teaching <ul style="list-style-type: none">• Curriculum developed• Courses• Student/resident/fellow mentoring• Teaching evaluations• Mentee outcomes• Teaching awards				
Institutional-Professional Service <ul style="list-style-type: none">• SOM/UMMC committees membership/leadership• Departmental service• Professional society service/leadership• Journal and grant reviews/editorial positions• Community service				
Clinical (Effort) <ul style="list-style-type: none">• Clinical expertise• Clinical programs developed/expanded• Patient metrics				

Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Mentor Signature: _____ Date: _____