## CANCER PREVENTION AND CONTROL TRAINING PROGRAM: PRE- and POST- DOCTORAL TRAINEE INDIVIDUAL DEVELOPMENT PLAN

| NAM   | 1E:  | _                                |           |
|-------|--|----------------------------------|-----------|
| POSI  | TION:  | _                                |           |
| DEPA  | ARTMENT:   | _                                |           |
| MEN   | ITORS (names and disciplines of at least two mentors are   | required):                       |           |
|       |  | _                                |           |
|       |  | _                                |           |
|       |  | _                                |           |
|       | se enter month and year that the following events were/<br>rred, indicate your best approximation of the month and |                                  | e not yet |
| EVENT |  | MONTH/YEAR                       |           |
| a.    | Entered CPCTP  |                                  |           |
| b.    | Last month and year of anticipated CPCTP support   |                                  |           |
|       |  |                                  |           |
| Pleas | se complete items c-h if you are a pre-doctoral candidate  | or enrolled in a degree program: |           |
| c.    | Date entered UAB degree program  | /20                              |           |
| d.    | Formal graduation date   | /20                              |           |
| e.    | Passed written Qualifying Exam   | /20                              |           |
| f.    | Dissertation Proposal Presented and Approved   | /20                              |           |
| g.    | Dissertation Results Presented   | /20                              |           |
| h.    | Last month anticipated as a student or post-doc  | /20                              |           |

Briefly describe the progress you made in your academic program and/or research in the past year. List training or workshops that you attended (Bullet points preferred – be sure to mention ANY training that you completed regarding ethics, human subjects, animal welfare, or regulatory or compliance issues). (Add additional sheet if needed.)

*List any publications that you have authored over the past year, with each indicate PMCID numbers (or the date at which PMCID numbers were registered):* 

List any other funding or awards you have obtained during your fellowship, e.g., travel awards, etc. List any posters or oral presentations you have been asked to present (note the date, the meeting, and location of the meeting)

Briefly describe your career plans for employment or further training after completing the CPCTP program

Please describe any difficulties or obstacles you have encountered or CPCTP related issues you have identified that the CPCTP Leadership Team can address

## Required coursework completed (or N/A for post-doctoral fellows):

| Course  | Semesters hours completed/Date | Mentors initial |
|---|--------------------------------|-----------------|
| NTR 728 (CPCTP seminar fall/spring)                   |                                |                 |
| Grant Development and Writing (ex: NUR 759, GBS       |                                |                 |
| 716, or similar)                                      |                                |                 |
| One elective related to cancer prevention and control |                                |                 |
| (ex: or Biostats BST 601, Health Inequalities HB 712, |                                |                 |
| Nutrition and Cancer NTR 724, or other approved       |                                |                 |
| class)  |                                |                 |

| Research Ethics (ex: GRD 717 or similar) |  |  |
|--|--|--|
|--|--|--|

Trainee Signature/Date

Mentor Signature/Date

Mentor Signature/Date