

NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2nd, 3rd, 4th, and 5th year renewals)

For Renewal of: Second Third Fourth Fifth Special Sixth
Name: _____ Degree(s): _____ Lab/Branch: _____
Preceptor: _____ Entry Date [*orig. appt.*]: _____
Date of This Renewal: _____ End Date of This Renewal: _____
Total Anticipated Length of Fellowship: _____ years

CHECK HERE if this is the Terminal Year

I anticipate renewing this person for another year [Attach official NIH renewal form]

Re-appointment is provisional, based upon improvements in the trainee's performance on specific criteria as described in Section II C below¹. These activities and assessment shall be completed by the trainee and reviewed by the mentor and OSD no later than the following date: _____

I. **(COMPLETED BY FELLOW)** Progress to date:

RESEARCH

A. Toward meeting last year's research and training objectives [*This narrative should attempt to address productivity, effort, creativity, reliability and Cooperation/Team effort within the lab*].

B. Accomplishments, FARE awards, posters at Meeting, Seminars or other scientific presentations

C. Publications: [*Not needed if updated CV is attached*]

D. Scientific Meeting(s) attended

¹ See Section IV, "Guidelines for Mentored Training at NIEHS" for additional discussion of this option

NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2nd, 3rd, 4th, and 5th year renewals)

CAREER

A. Career Plans [e.g., career paths explored, informational interviews conducted]

B. Career Development Activities [e.g., courses, teaching, committees, outreach]

II. **(COMPLETED BY MENTOR)** Annual Review of Progress

A. Method of Review [check all that apply]

Public seminar to Lab or Branch

Private seminar to Lab or Branch PI's

Written annual report [attach]

Private discussion(s) with Preceptor

B. Status of Review [check one]

Has made satisfactory progress in all areas

Improvements required in certain areas (attach narrative describing needed improvements).

Unsatisfactory progress requiring evaluation of renewal status
complete Section II.C.

C. Activities are required due to unsatisfactory progress.

List specific criteria or experiments required for review and evaluation. Use a separate document if needed, and attach to this form as an Appendix:

D. Re-evaluation following activities of Section C

Performance has improved and annual reappointment is warranted

Performance was not acceptable. Notice of termination is warranted

This decision was reached on [date]: _____

NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2nd, 3rd, 4th, and 5th year renewals)

E. Dismissal from current laboratory [approved by SD]

Fellow notified of termination on [date] _____ to be effective in _____ months

Fellow will be placed with a different mentor no later than [date] _____

III. [Optional] Self-Assessment

A. Recommendation to revisit values, interests, skills, gaps in knowledge [useful tool found at <http://myIDP.sciencecareers.org>]

IV. (COMPLETED BY FELLOW) Training objectives for the next year:

RESEARCH

A. Current projects to be continued:

B. Activities to be completed:

C. Projects to be initiated:

D. Scientific Meeting(s) to attend:

E. Other:

NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2nd, 3rd, 4th, and 5th year renewals)

CAREER

A. Career paths to explore [e.g., career paths explored, informational interview activities]

B. Career development activities to undertake [e.g., courses, teaching, committees, outreach, shadowing, volunteering]

V. (COMPLETED BY FELLOW) Mentorship

A. Identification of Second Mentor [*not necessarily scientific*]

Name: _____

Affiliation (*Lab/Branch, University, Professional Organization, etc.*): _____

Comments about communication with Second Mentor:

B. Fellow's plans to mentor someone (ex: summer student)

VI: Other Expectations:

A. **Regarding Fellow** (ex: time management, work schedule, vacations, holidays, productivity, cooperativity, initiative, etc.)

NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2nd, 3rd, 4th, and 5th year renewals)

B. **Regarding Mentor** (ex: availability, guidance in skill development, use of active questioning to guide a mentee towards a solution, etc. See [Nature's Guide for Mentors](#))

VII. Responsible Conduct of Research (RCR)

REQUIRED TRAINING	CREDIT HOURS	DATE OF COMPLETION
Responsible Conduct of Research : Online training module within 3 weeks of arrival	1 hour	
Annual Review of Ethics Cases : Institute facilitated review of cases identified for that year, to be arranged by David Resnik, J.D., Ph.D.	1 hour	
Discussion of Ethical Research Practices: Institute offered in-person discussions to be arranged by NIEHS Bioethicist, David Resnik, J.D., Ph.D.	6 hours	
ELECTIVE TRAINING	CREDIT HOURS	DATE OF COMPLETION
Research Mentor Training (RMT) : Offered annually (in May & June) by the Office of Fellows' Career Development	3 hours	
Introduction to "My Laboratory" : Training by Mentor in lab group meeting. Lab head spends one group meeting going over expectations for behavior, record keeping, etc.	1 hour	
Additional elective training choices: (such as Reproducibility Training) or courses offered by the NIH library; specific courses tailored for clinical trainees; Bioethics lectures	1 hour	

NIEHS INDIVIDUAL DEVELOPMENT PLAN RENEWAL

(for 2nd, 3rd, 4th, and 5th year renewals)

VIII. [Optional] Supplemental Comments of Lab/branch Chief:

IX. Signatures:

By signing, each person concurs with the report above, and is confirming that this document was reviewed and discussed between fellow and preceptor.

(signed)

Fellow	Date
Preceptor	Date
Lab/Branch Chief	Date

SUBMIT THIS COMPLETED DOCUMENT TO: NIEHS_OFCD@niehs.nih.gov

Cc to: NIEHS Training Director, Scientific Director (if applicable)