Mentor Application: ITSCC Academic Mentorship Program

Overview: The International Immunosuppression & Transplant Skin Cancer Collaborative (ITSCC) Academic Mentorship Program (IAMP) is designed to connect junior members of ITSCC early in their academic careers with established, senior members to build relationships and assist in career development. See mentee application for further requirements/expectations of the program.

Purpose:
- The purpose of this mentorship program is to support and grow the influence of transplant dermatologists and ITSCC in our commitment to immunosuppressed and transplant patients with skin cancer, promote career development, and build a pipeline for leadership within ITSCC.
- An additional program goal is to guide junior ITSCC members in running a transplant dermatology clinic, promote scholarship, and aid in navigating requirements for academic promotion.

Mentor eligibility: Experienced members of ITSCC who have achieved faculty appointment at the level of Associate Professor or Professor at their respective institution or have held similar, prior institutional appointments are eligible to participate.

Mentee details: Eligible mentees are residents and fellows in the terminal year of dermatology training or junior faculty members of ITSCC. The mentee must have a portion of their practice dedicated to the care of skin cancer in immunosuppressed and transplant patients

Duration: 24mo

Program Requirements/Expectations for Mentors:
- The IAMP will be mostly virtual and can adapt based on the mentor and mentee’s schedules. Ideally monthly or bimonthly calls/communication between mentor and mentee.
- There will be virtual meetings, 4 times a year, including all mentees and mentors in the program for discussions concerning topics such as promotion and tenure, research tips, becoming a mentor for medical students and residents, and the ins-and-outs of a transplant clinic.
- One publication is required of the mentorship. This publication requirement is broad and can range from a case report, viewpoint/commentary, or even an original article or review.
- Mentors will advocate for their mentee to present at a national meeting.
- Mentees will receive funding for an in-person experience at their mentor’s institution. The in-person experience will allow the mentee to work side-by-side with the mentor to gain the tacit knowledge to aid in setting up or enhancing a transplant clinic at the mentee’s institution.
Dates:

- Applications for the next mentorship cohort are due January 5, 2024. (Please email your application to mriordan@itscc.org)
- The program will accept up to 2 mentee and 2 mentor participants this year.
- Mentorship pairings will be announced prior to the ITSCC Annual Meeting, March 7, 2024.
- The IAMP will run from the annual meeting of the year of the program start to the annual meeting of the program end. (For example: March 2024-February 2026)

Application Requirements

1. CV
2. Statement of interest
   a. Limited to 2-3 sentences, 11-12 pt font.
   b. What you hope to share/teach related to transplant dermatology.
3. Please select the following skills/strategies you have developed over your career that you would be willing to share with a mentee:
   - Networking
   - Clinical Research
   - Basic Science Research
   - Database Research
   - Professional Society Participation
   - Navigating Promotion and Tenure
   - Medical Education
   - Community involvement/Affairs
   - Journal Reviewer or Editor
   - Grant Applications
   - Work/Life Balance
   - Departmental Leadership
   - Working with Industry/Pharma
4. Signed mentor statement of agreement. See following page.
ITSCC Academic Mentorship Program Mentor Statement of Agreement

I, ____________ agree to participate in monthly or bimonthly calls with my mentee, attend 4 virtual group meetings per year, work with my mentee on at least one publication, advocate for my mentee presenting at a national meeting, and coordinate an on-site experience once during the 24-month mentorship program for interested mentees.

________________________
(Signature)

______________
(Date)