**Career Development Plan**

**College of Health Professions**

**University of Arkansas for Medical Sciences**

**Background Information**

Name:

Department:

Current Rank: Tenure Track? Yes No

Anticipated Date for Promotion and/or Tenure:

Date of Initial Plan:

Date to be Reviewed:

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| **Career Goals: 2-3 years** |
| **Teaching:** |
| **Scholarly Activity**: |
| **Service:** |
| **Other:** |

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| **Career Goals: 5-7 years** |
| **Teaching:** |
| **Scholarly Activity:** |
| **Service:** |
| **Other:** |

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| **Strengths Relative to Goals** |
| Consider required competencies (knowledge, skills, values), interests, previous accomplishments, motivation, social and professional support, opportunities, mentorship, etc. |

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| **Areas for Development Relative to Goals** |
| Consider gaps in competencies (knowledge, skills, values), mentorship, social and professional support, opportunities, mentorship, etc. |

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| **Priorities – Build on Strengths and Address Development Needs** | | |
| Strength or Need | Objective of Development Activity | By When? |

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| **Action Plan – Teaching Goal:** | | |
| **Strategy/Action** | **Expected Outcome/Impact** | **Date to Complete** |
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| **Action Plan – Scholarly Activity Goal:** | | |
| **Strategy/Action** | **Expected Outcome/Impact** | **Date to Complete** |
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| **Action Plan – Service Goal:** | | |
| **Strategy/Action** | **Expected Outcome/Impact** | **Date to Complete** |
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| **Action Plan – “Other” Goal:** | | |
| **Strategy/Action** | **Expected Outcome/Impact** | **Date to Complete** |
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**Mentorship Plan**

Name of Mentor:

Mentor’s Department, Institution, etc.:

Mentor’s Credentials, Qualifications, etc. (Rationale for Selecting the Mentor):

Mentorship Goals and Objectives (Brief Description)