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Academy Board Of Trustees Nomination Application (Print Version)

Thank you for your interest in applying for service on the 2024 Academy Board of Trustees. At any time, you may click the Save & Continue Later link at the bottom of the screen. This will save the information you have entered and allow you to log back in to complete your form at a later date.

All applications will be reviewed by the Academy Nominating Committee, and a slate of recommended candidates will be put forward to the Academy Board for approval. Academy certificants will vote on the Board-approved slate in October. All nominees will be contacted in November and provided a status of their application.

Questions? Email Giovanna Lancaster, Director, Certification at GLancaster@acrpnet.org.

APPLICATION DEADLINE: JUNE 30, 2023

Candidate Information

Name *

First

Middle Initial (optional)

Last

Suffix/Certifications

Email *

Enter Email

Confirm Email

Preferred Phone *

Address *

Viewport (Width : 1519px , Height :760px)

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

⌄

Country

Company/Organization *

Job Title *

Are you at least 21 years of age? *

○ Yes

○ No

Have you ever served on the ACRP or Academy Board of Trustees? *

○ Yes

○ No

If yes, when?

How many years of experience do you have in clinical research? *

○ Less than one year

○ 1-4 years

○ 5-10 years

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○ 11-15 years

○ 16-20 years

○ More than 20 years

Are you an Academy certificant in good standing? *

○ Yes

○ No

Which of the ACRP certifications do you have? Check all that apply. *

☐ ACRP-CP

☐ ACRP-PM

☐ CCRA

☐ ACRP-MDP

☐ CCRC

☐ CPI

☐ FACRP (Fellow)

☐ None of these

Which of the following applies to you? Check all that apply.

☐ Served for at least two years as a member of an Academy Exam Committee

☐ Submitted test questions as an Item Writer

☐ Participated in a test development capacity (standard setting, job analysis)

Which setting listed best describes your current work situation? *

☐ Academic Medical Center/University

☐ Clinical Study Site

☐ CRO

☐ Government Agency

☐ Institutional Review Board

☐ Medical Device Company

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☐ Pharmaceutical/Biotech Company

☐ Private Practice (Office or Hospital Based)

☐ Recruitment Company

☐ Site Management Organization (SMO)

☐ Site Network

☐ Other

If Other, please specify.

[   ]

In which setting have you worked in the past? Check all that apply. *

☐ Academic Medical Center/University

☐ Clinical Study Site

☐ CRO

☐ Government Agency

☐ Institutional Review Board

☐ Medical Device Company

☐ Pharmaceutical/Biotech Company

☐ Private Practice (Office or Hospital Based)

☐ Recruitment Company

☐ Site Management Organization (SMO)

☐ Site Network

☐ Other

If Other, please specify.

[   ]

Volunteer/Leadership Roles

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Please list ACRP Chapter or Committee roles held now or in the past or ACRP-related service/activities (if any). *

List other professional leadership activities/organizations you have participated in and describe accomplishments. *

Nomination Questions

1. What makes the Academy and our mission meaningful to you? *

2. How would you describe the importance of certification to a prospective candidate or employer? *

3. Do you have experience and/or are you willing to actively promote the value of ACRP certification? *

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4. Have you had experience moving the dial, influencing decisions, shifting mindsets, and/or managing change? If yes, please provide example(s). *

Biographical Information

Please provide a short bio in paragraph form. *

If you are approved for the slate, your bio will be posted to the ACRP election website, a secure website with member-only access.

Please upload your resume/CV. *

[Choose File] No file chosen
Max. file size: 75 MB.

Please upload a headshot. *

[Choose File] No file chosen
Max. file size: 75 MB.

If you are approved for the slate, your photo will be posted to the ACRP election website, a secure website with member-only access.

Please provide a link to your Linked-In profile (optional).

https://

Disclaimer and Consent

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my selection as a Board Trustee, I understand that false or misleading information in my application or interview may result in my release. *

○ I agree

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