|  |  |
| --- | --- |
|  **Association of Clinical Research Professionals ../*Assets/ACRP-Master-Logo-CMYK.png** |  |

Thank you for your interest in applying for service on a 2020 ACRP Committee. All applications will be reviewed by ACRP, with recommended candidates going to the ACRP Board for approval. All nominees will be contacted in the fall and provided a status of their application.

**Submit your completed application to Kathleen Early, Manager, Governance at** **kathleen.early@acrpnet.org**.

Please indicate the Committee(s) you would like to be considered for:

|  |  |
| --- | --- |
| ACRP Content Committee | [ ]  |
| ACRP Fellows Committee (must be a Fellow to qualify)  | [ ]  |
| ACRP Nominating Committee | [ ]  |
| ACRP Professional Ethics Committee  | [ ]  |

# Phase I – Committee Application *(Nomination period opens May 1; closes June 30)*

APPLICATION DEADLINE: JUNE 30, 2019

## Candidate Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Professional Designations : |  | Professional Title  |  | Company/Organization |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever served on the ACRP or Academy Board of Trustees?  | YES[ ]  | NO[ ]  | If yes, when? |  |
| Do you have experience in clinical research?  | YES[ ]  | NO[ ]  | If yes, how many years? |
| Are you a member of ACRP?  | YES[ ]  | NO[ ]  | If yes, how many years? |

## Certifications

|  |  |  |  |
| --- | --- | --- | --- |
| Which of the Certifications do you possess? Circle all that apply. | At least 21 years of ageACRP member in good standingACRP-CP in good standingACRP-PM in good standingCCRA in good standing |  | CCRC in good standingCPI in good standingFACRP (Fellows) in good standingNone of these |

## Professional Role

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your current professional role? Circle all that apply. | AuditorBusiness Development/ConsultantClinical Development/R&D  Medical Affairs Clinical InvestigatorContracts/FinanceController/CFOCRO/Sponsor Monitor (CRA)Data ManagementDepartment HeadExecutive ManagementHuman ResourcesInformation Technology |  | Institutional Review BoardLegalMedical CommunicationsMedical Director/Medical AdvisorProject/Site ManagementQuality Assurance/Compliance Regulatory AffairsResearch Administrator SiteResearch NurseSite Coordinator (CRC)Sub-InvestigatorTrainer/EducatorOther |  |

## Current Work

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Which setting listed best describes your current work situations? Circle all that apply. | Academic Medical Center/UniversityClinical Study SiteCROGovernment AgencyInstitutional Review BoardMedical Device Company Pharmaceutical/Biotech CompanyPrivate Practice (Office or Hospital Based)Recruitment CompanySite Management Organization (SMO)Site NetworkOTHER (please specify) |  |  |  |

## OPEN QUESTIONS

Please complete the following questions related to your association/non-profit experience.

1. What skills and experiences will you contribute to fulfill the Committee’s responsibilities?
2. Will you be able to serve a two-year term?
3. (For Content Committee Only) Have you served as an item writer over the past two years?

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Please attach a copy of your resume/curriculum vitae with this completed application**

***(PDF files are preferred.)***

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|  **Association of Clinical Research Professionals ../*Assets/ACRP-Master-Logo-CMYK.png** |  |

# Phase II – Committee Application

# (Candidates will be contacted if the following information needs to be submitted by September 1.)

PHASE II APPLICATION DEADLINE: SEPTEMBER 1, 2019

## Candidate Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

## REFERENCES

Please list two professional references and one personal reference .

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full NameTitle: |  |  | Relationship: |  |
| Company: |  |  | Email & Phone: |  |
| Address: |  |  |  |  |
|  |  |  |  |  |
| Full NameTitle: |  |  | Relationship: |  |
| Company: |  |  | Email & Phone: |  |
| Address: |  |  |  |  |
|  |  |  |  |  |
| Full NameTitle: |  |  | Relationship: |  |
| Company: |  |  | Email & Phone: |  |
| Address: |  |  |  |  |

## OPEN QUESTIONS

Please complete the following questions related to your association/non-profit experience.

**Please attach letters of reference, a short bio/profile and headshot. *(jpeg files are preferred.)***

**If you are approved for the slate, your bio/profile and photo will be posted to the ACRP election website. This is a secure website with member-only access.**

## PROFESSIONAL NOTIFICATION

If elected to the Board of Trustees, is there someone at your place of employments that you would like notified? If so, please provide his/her information below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full NameTitle: |  |  | Relationship: |  |
| Company: |  |  | Email & Phone: |  |
| Address: |  |  |  |  |
|  |  |  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |