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ACRP Board of Trustees Nomination Application Print Version

Thank you for your interest in applying for service on the 2025 ACRP Board of Trustees. You may click the Save & Continue Later link at the bottom of the screen at any time. This will save the information you have entered and allow you to log in to complete your form later.

Applications will be reviewed by the ACRP Nominating Committee, and a slate of recommended candidates will be put forward to the ACRP Board for approval. The ACRP membership will vote on the Board-approved candidate slate in October. All nominees will be contacted in the fall and provided the status of their application.

Learn about Board Member responsibilities, the nominations process, and ACRP leadership in the Nominee Handbook.

For 2025, ACRP is seeking Trustees who are recognized leaders at a Pharmaceutical Company, Contract Research Organization (CRO), or Academic Research Organization (ARO) and have the following background 1) an understanding of the transformation occurring in clinical research such as new models like DCT or Al influence; 2) experience in sales and/or fundraising; and/or 3) diverse industry connections, as demonstrated by varied work experience or other means. Questions? Email Christy Herz, Sr. Director of Governance & Operations at christy.herz@acrpnet.org.

APPLICATION DEADLINE: JUNE 30, 2024

Candidate Information

Name *

First

Middle Initial (optional)

Last

Suffix/Certifications

Email *

Confirm Email

Enter Email

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Preferred Phone *	
Address *	
Street Address	
Address Line 2	
City	
State / Province / Region	
ZID / Device Co. Le	
ZIP / Postal Code	
Country	
Company/Organization *	
Job Title *	
Have you ever served on the ACRP or Acaden	ny Board of Trustees? *
○ Yes	
○ No	
If yes, when?	
How many years of experience do you have i	n clinical research? *
 Less than one year 	
○ 1-4 years	
5-10 years	
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☐ FACRP (Fellow)

□ None of these

☐ CPI

Which setting listed best describes your current wor	k situation? *
☐ Academic Medical Center/University	
☐ Academic Research Organization (ARO)	
☐ Clinical Study Site (Office or Hospital Based)	
Contract Research Organization (CRO)	
☐ Government Agency	
☐ Health System	
☐ Institutional Review Board	
☐ Medical Device Company	
☐ Pharmaceutical/Biotech Company	
Site Management Organization (SMO)/Site Network	
☐ Vendor (i.e., Tech, Telemedicine, Patient Recruitment)	
☐ Other	
If Other, please specify.	
If Other, please specify.	
If Other, please specify. In which setting have you worked in the past? Check	all that apply. *
	all that apply. *
In which setting have you worked in the past? Check	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University Academic Research Organization (ARO)	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University Academic Research Organization (ARO) Clinical Study Site (Office or Hospital Based)	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University Academic Research Organization (ARO) Clinical Study Site (Office or Hospital Based) Contract Research Organization (CRO)	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University Academic Research Organization (ARO) Clinical Study Site (Office or Hospital Based) Contract Research Organization (CRO) Government Agency	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University Academic Research Organization (ARO) Clinical Study Site (Office or Hospital Based) Contract Research Organization (CRO) Government Agency Health System	all that apply. *
In which setting have you worked in the past? Check Academic Medical Center/University Academic Research Organization (ARO) Clinical Study Site (Office or Hospital Based) Contract Research Organization (CRO) Government Agency Health System Institutional Review Board	all that apply. *

Vendor (i.e., Tech, Telemedicine, Patient Recruitment)
☐ Other
If Other, please specify.
Volunteer/Leadership Roles
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 in which you have participated and describe accomplishments. Note areas of conflict where appropriate. *
Nomination Questions
1. What makes ACRP and our mission meaningful to you? *

2. What clinical research challenge(s) should ACRP take on to promote excellence in clinical research? *

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orofessionals. How has your experience prepared you for such a task? *
Biographical Information
Please provide a short bio in paragraph form. *
f 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: 50 MB.
Please upload a headshot. *
Choose File No file chosen Max. file size: 50 MB.
f you are approved for the slate, your photo will be posted to the ACRP election website, a secure websit vith member-only access.
Please provide a link to your Linked-In profile (optional).
https://
Disclaimer and Consent
certify that my answers are true and complete to the best of my knowledge. If his 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

https://acrpnet.org/?gf_page=preview&id=184

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