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

Thank you for your interest in applying for service on the 2020 ACRP Board of Trustees. All applications will be reviewed in two phases by the ACRP Nominating Committee and a slate of recommended candidates will be put forth to the ACRP Board for approval. The ACRP membership will vote on the Board approved slate later this year. All nominees will be contacted in the fall and provided a status of their application.

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

# Phase I – Board 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 Board’s responsibility of fiduciary oversight?
2. ACRP has identified key competencies for Board members. These include the ability to promote ACRP and the value of certification, business development (B2B), commitment & service to ACRP, government relations/public policy, industry connections, industry thought leader, leadership, product development, relationship builder, technology (*eTMF, CTMS, block chain, artificial intelligence, machine learning, computer modeling, virtual trials*), and workforce development experience/influencer. Which do you think are most important and how do you align your skills to these attributes?
3. If elected to the Board, how would you raise the profile of ACRP within the clinical research community?

## 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 – Board Application

# (Candidates will be contacted if the following information needs to be submitted by July 15. )

PHASE II APPLICATION DEADLINE: JULY 15, 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.

1. Explain a board’s role in supporting an association’s mission and implementing organizational strategies and priorities.
2. In your opinion, what role should a trustee play in promoting membership, cultivating business partnerships, fundraising, and recruiting board members? Can you give examples of when you participated in these activities as a board member or volunteer, and were your successful?
3. What information to you believe is critical for a board member to make information decisions about membership, finances, and programs?

**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: |  |