

ACRP Fellowship Application (Print Version)

Eligibility

ACRP Members are eligible to apply for Fellowship when the following application requirements are met:

- 1) Held ACRP membership in good standing for the previous five years.
- 2) Demonstrated evidence of active participation with ACRP.
- 3) Demonstrated evidence of significant contributions to the field of Clinical Research.
- 4) Paid the application fee of \$150. You will be billed for this fee after you have submitted your application.

Instructions for Completing the Application

Gather the following documentation before beginning this application. You will be asked to upload several files. Your application will not be considered without the attachments/appropriate verification of your experience.

- 1) One (1) Letter of Recommendation from a current ACRP Member In-Good-Standing.
- 2) One (1) Letter of Support from a current/previous employer (if self-employed, a letter from a previous customer will suffice) indicating time of service and contributions in clinical research (minimum of 5-years-experience required)
- 3) An up-to-date Curriculum Vitae (CV) - Maximum 8 pages in length
- 4) Documentation that verifies the experience you enter into the application as requested in the sections below:

- Section B - one file with documentation to verify your global and chapter board/committee experience as well as your additional contributions to ACRP
- Section C - one file with documentation to verify all listed contributions to clinical research

Documentation should include dates of service and the name of the role/position. Preferred documentation is a letter from someone who can verify this information. However, a brief (less than 100 words) description that includes the contact information of someone who can verify your role may also be accepted. Citations from academic journals, newspaper publications, etc. must be listed. A copy of the printed program of a professional society meeting (or printout from a web page) will constitute proof of presentation or a scientific poster presented at a scientific/academic meeting. Clearly label applicable sections of the document. Listing on a CV is not necessarily acceptable verification.

Questions with an asterisk are required

Scoring

To be considered for Fellows status, an applicant must have at least 100 points total AND the minimum points required for each section (A, B, and C). The amount of points you may earn for each response is noted.

A scoring calculator spreadsheet is provided as a companion resource to this application to help you calculate your points (<https://acrpnet.org/download/fellowship-scoring-calculator/>). This document is optional, but encouraged by the Fellows Advisory Panel to ease your application process and ensure the accuracy of your scoring. If you use the spreadsheet while completing your application, please submit it to help the Panel in reviewing your application.

TIP - make sure you have the minimum points for each section and 100 points overall before submitting your application.

Final approval of all applications for Fellowship is the responsibility of the Fellowship Advisory Panel as delegated by ACRP's Board of Trustees

Name *

First

Middle Initial (optional)

Last

Suffix/Certifications

Email *

Enter Email

Confirm Email

Preferred Phone *

Address *

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Job Title *

Organization Name *

Are you a current member in good standing with ACRP and have been a member for the previous five years? *

Yes

No

Are you a member of an ACRP Chapter? *

Yes

No

If Yes, please list which chapter.

Section A: Certification and Continuing Education

A minimum of 15 points is required in this section.

Which of the following current ACRP certifications do you hold? *

ACRP-CP (20 points)

CCRA (20 points)

CCRC (20 points)

CPI (20 points)

ACRP-MDP Subspecialty (10 points)

ACRP-PM Subspecialty (10 points)

No ACRP Certifications

If additional points are desired for Section A, you may list here the number of ACRP contact hours you have earned for up to the past five years. (0.5 points will be awarded for each ACRP contact hour). NOTE: ONLY ACRP CONTACT HOURS WILL BE ACCEPTED, NOT HOURS FROM OTHER ORGANIZATIONS.

List # of contact hours.

[To view your contact hours, go to: <https://member.acrpnet.org>, click the CERTIFICATIONS button, click on any of your certifications under My Account Links, click Activity Points Requirement, click View AP Transcript (all AP). Your contact hour history will appear. Please count only ACRP hours. If you do not hold an ACRP certification, go to: <https://member.acrpnet.org>, click the CONTACT HOURS button. If you need assistance, email certification@acrpnet.org.]

Multiply # of ACRP contact hours listed above X .5 points per contact hour

Total contact hour points.

Total Number of Points Claiming for Section A, certification points plus any contact hour points you opt to claim. (15 points minimum required) *

Section B: Contributions to ACRP

You must submit documentation that verifies your contributions at the end of this section. A minimum of 20 points is required in this section.

List how many YEARS (if any) you have served on each ACRP GLOBAL committee/board. (2.5 points will be awarded per year for committees; 5 points per year for Boards)

ACRP Awards/Recognition Committee	ACRP Content Committee (includes Editorial, Conference Advisory, Training & Dev.)	ACRP Nominating Committee	ACRP Professional Ethics Committee	ACRP Regulatory Affairs Committee	Academy Exam Committee	Academy Nominating Committee	ACRP Board of Trustees	Academy Board of Trustees
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Please list any other ACRP GLOBAL committees on which you have served and note for how many years. (ex. job task force, working group, workforce innovation) (2.5 points will be awarded per year)

Please note if you have served a leadership role in any of the above GLOBAL committees/boards (Chair, Vice Chair, Treasurer, Secretary). List the committee/board, your role(s) held and dates of service. (5 points per year will be awarded for committee leadership; 7.5 points per year for Board Chair; 5 points per year for other Board leadership role)

You must submit documentation to verify this service at the end of this section.

Please note if you have served on a CHAPTER board or committee. List the board/committee, years served, any leadership roles (Chair/President, Vice Chair/President-Elect, Treasurer, Secretary) held and whether they were appointed or elected. (5 points per year will be awarded for elected chapter leader; 2.5 points per year for appointed chapter leader; 2 points per year for chapter committee member)

You must submit documentation to verify this service at the end of this section.

List how many TIMES (if any) you have made the following contributions to ACRP. (points noted will be awarded per time)

Presented poster at an ACRP conference (3)	Presented workshop or session at an ACRP conference (5)	Presented ACRP training/development program (10)	Presented ACRP webinar or eLearning course (5)	Developed training module for ACRP (10)	Published in ACRP Publication (Clinical Researcher, CR Beat, Blog) (5)	Served as Writer Item (5)	Appointed as ACRP liaison or rep. to advisory panel, coalition, or organization (10)	Served as expert content reviewer (5)	Represented ACRP to media; media contact must be assigned to ACRP (5)
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You must submit documentation to verify these contributions at the end of this section.

If you selected "Other" above, please specify. (Other experience will be considered by the Advisory Panel.)

Please upload one file with documentation to verify all of your global and chapter board and committee experience as well as your additional contributions to ACRP (Maximum size 2 MB) *

No file chosen

Additional files if needed.

No file chosen

No file chosen

Total Number of Points Claiming for Section B. (20 points minimum required) *

Section C: Contributions to the Field of Clinical Research

You must submit documentation that verifies each contribution at the end of this section. Contributions should be in at least two (2) categories below. A minimum of 20 points is required in this section.

List how many TIMES you have made contributions in each category below to the field of clinical research (non-ACRP) PART I (points noted will be awarded per time)

Authorship of protocol or other health authority submission documents (3)	Board service - public health research-related (7)	Conference presenter (3)	Curriculum development (5)	Design, write, or present a clinical research program (5)	Service on healthcare-related exam committee (3)	Inclusion on statement of investigator form/1572-PI (5; max of 10 points allowed)	Inclusion on statement of investigator form/1572-Sub I (3; max of 9 points allowed)	Item writer - non ACRP (3)	Journal editorial board (5)
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You must submit documentation to verify the contributions at the end of this section.

List how many TIMES you have made contributions in each category below to the field of clinical research (non-ACRP) PART II (points noted will be awarded per time)

Merit reviewer for grant-funded clinical research proposals (3)	Named participation in a research specific committee, panel, or mtg (5)	New marketing application process (5)	Peer reviewer (5)	Presentation at an investigator meeting (5)	Publish research in a peer reviewed journal (3)	Service on DSMB/IDMC (5)	Service on an Ethics Committee (IRB, IEC, REB) (5)	Teach as an assigned faculty in a CR program at an accredited institution (5)	Other
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You must submit documentation to verify the contributions at the end of this section.

If you selected "Other" above, please specify. (Other experience will be considered by the Advisory Panel.)

Please upload one file with documentation to verify all listed contributions to clinical research (Maximum size 2 MB) *

No file chosen

Additional files if needed.

No file chosen

No file chosen

Total Number of Points Claiming for Section C. (20 points minimum required) *

GRAND TOTAL Points for Sections, A, B, and C combined (must be 100 or more) *

Please upload your completed Scoring Calculator spreadsheet (if you used it) to help the Panel in reviewing your application (Maximum size 2 MB)

No file chosen

Personal Statement, Reference Letters, and CV

What makes ACRP and our mission meaningful to you? (maximum 300 words) *

Please upload one (1) letter of recommendation from a current ACRP member in good standing. *

No file chosen

Please upload one (1) letter of support from a current/previous employer (if self-employed, a letter from a previous customer will suffice) indicating time of service and contributions in clinical research (minimum of 5-years-experience required). *

No file chosen

Please upload an up-to-date resume/Curriculum Vitae (CV) - Maximum 8 pages in length. *

No file chosen

Disclaimer and Consent

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

I agree

I do not agree

Submit

[Save and Continue Later](#)
