Form Preview : ID 116	display grid show structure		
ACRP Board Of Trustees Nomination Applie	cation (Print Version)		
Thank you for your interest in applying for service on the 2023 ACRP 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.			
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 slate in October. All nominees will be contacted in the fall and provided a status of their application.			
Learn about Board Member responsibilities, the nominations process, Nominee Handbook. Questions? Email Christy Herz, Director of Governisty.herz@acrpnet.org.	•		
APPLICATION DEADLINE: JUNE 30, 2022			
Candidate Information			
Name *			
First			

First

Middle Initial (optional)

Last

Suffix/Certifications

Email \*

Enter Email

Confirm Email

Preferred Phone \*

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Address *	
Street Address	
Address Line 2	
City	
State / Province / Region	
ZIP / Postal Code	
	•
Country	
Company/Organization *	
Job Title *	
Have you ever served on the ACRP or Academy Board	d of Trustees? *
○ Yes	
○ No	
If yes, when?	
How many years of experience do you have in clinica	al research? *
<ul><li>Less than one year</li></ul>	
○ 1-4 years	
○ 11-15 years	
○ 16-20 years	
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More than 20 years						
How many years have you been a member of ACRP? *						
Carried Less than one year						
1-4 years						
5-10 years						
11-15 years						
○ 16-20 years						
○ More than 20 years						
Are you at least 21 years of age? *						
○ Yes						
○ No						
Have you discussed and do you have support from your employer to seek an ACRP Trustee position? $^{\ast}$						
○ Yes						
○ No						
Which of the ACRP credentials do you possess? Chec	k all that apply. *					
☐ ACRP-CP						
☐ ACRP-PM						
□ CCRA						
☐ ACRP-MDP						
□ CCRC						
□ СРІ						
☐ FACRP (Fellow)						
☐ None of these						
Which setting listed best describes your current wor	k situation? *					
☐ Academic Medical Center/University	Viewport ( Width : 1226px , Height :568px )					

	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.	
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. *
		all that apply. *
In	Academic Medical Center/University	all that apply. *
	Academic Medical Center/University  Clinical Study Site	all that apply. *
	Academic Medical Center/University  Clinical Study Site  CRO	all that apply. *
	Academic Medical Center/University  Clinical Study Site  CRO  Government Agency	all that apply. *
	Academic Medical Center/University  Clinical Study Site  CRO  Government Agency  Institutional Review Board	all that apply. *
	Academic Medical Center/University  Clinical Study Site  CRO  Government Agency  Institutional Review Board  Medical Device Company	all that apply. *
	Academic Medical Center/University  Clinical Study Site  CRO  Government Agency  Institutional Review Board  Medical Device Company  Pharmaceutical/Biotech Company	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)	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	all that apply. *

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 you have participated in and describe accomplishments. *
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? *

3. If elected to the Board, how would you advocate for and raise the profile of Viewport (Width: 1226px, Height: 568px)

4. Please review the 5 W's of Board Membership Document: https://www.acrpnet.org/boardrole, outlining the ideal contributions of nonprofit board members. How do you envision fulfilling the "Volunteer" role for ACRP as a board member? *
View the document at <a href="https://www.acrpnet.org/boardrole">https://www.acrpnet.org/boardrole</a> .
5. 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. \*

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Choose File	No file choser
Max. file si	ze: 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://			
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## **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

I do not agree

Submit

Save and Continue Later

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