

## ACRP Board Of Trustees Nomination Application

Thank you for your interest in applying for service on the 2022 ACRP Board of Trustees. All 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. Questions? Email Christy Herz, Director of Governance at [christy.herz@acrpnet.org](mailto:christy.herz@acrpnet.org).

**APPLICATION DEADLINE: JUNE 30, 2021**

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### Candidate Information

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**Name \***

First

Middle Initial (optional)

Last

Suffix/Certifications

**Email \***

Enter Email

Confirm Email

**Preferred Phone \***

**Address \***

Viewport ( Width : 1349px , Height :625px )

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 of Trustees? \***

Yes

No

**If yes, when?**

**How many years of experience do you have in clinical research? \***

Less than one year

1-4 years

5-10 years

11-15 years

16-20 years

More than 20 years

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**How many years have you been a member of ACRP? \***

- 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? \***

- Yes
- No

**Which of the ACRP credentials do you possess? Check all that apply. \***

- ACRP-CP
- ACRP-PM
- CCRA
- ACRP-MDP
- CCRC
- CPI
- FACRP (Fellow)
- None of these

**Which setting listed best describes your current work situation? \***

- 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
- Site Management Organization (SMO)
- Site Network
- Other

**If Other, please specify.**

**In which setting have you worked in the past? Check 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
- Site Management Organization (SMO)
- Site Network
- Other

**If Other, please specify.**

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## Volunteer/Leadership Roles

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**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

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**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 ACRP? \***

**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? \***

**5. How would you describe your leadership style? Provide examples of your leadership ability or experience (where you’ve moved the dial, shifted mindsets, and influenced decisions). \***

## **Biographical Information**

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**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. \***

No file chosen

**Please upload a headshot. \***

No file chosen

Viewport ( Width : 1349px , Height :625px )

*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).**

## Disclaimer and Consent

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**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

[Save and Continue Later](#)

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