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A Service of the National Cancer Institute





## Add New Advocate

**1. Advocate Contact Information** »

## 2. Demographics »

## 3. Cancer Experience »

## 4. Advocacy Experience

Prefix  \* First Name  \* Last Name  Suffix \* Primary Phone  Secondary Phone  \* Email \* Street Address  \* City  \* State \* Are you willing to travel for an NCI advocacy activity?  Yes  No[Next »](#)[Save as Draft](#)



## Add New Advocate

1. Advocate Contact Information » **2. Demographics** » 3. Cancer Experience » 4. Advocacy Experience

\* Gender  Male  Female    \* Date of Birth

\* What ethnicity do you most closely identify with? (Check all that apply)

- American Indian or Alaska Native [?](#)   
  Hispanic or Latino [?](#)   
  Other
- Asian [?](#)   
  Native Hawaiian or Other Pacific Islander [?](#)   
  Prefer Not to Disclose
- Black or African American [?](#)   
  White [?](#)

\* What language(s) do you speak? (Check all that apply)

- |   |                                   |                                     |   |   |
|---|-----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> English                | <input type="checkbox"/> Greek    | <input type="checkbox"/> Korean     | <input type="checkbox"/> Russian          | <input type="checkbox"/> Thai                                       |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Lao        | <input type="checkbox"/> Serbo-Croatian   | <input type="checkbox"/> Urdu                                       |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Hebrew   | <input type="checkbox"/> Malayalam  | <input type="checkbox"/> Spanish          | <input type="checkbox"/> Vietnamese                                 |
| <input type="checkbox"/> Cantonese              | <input type="checkbox"/> Hindi    | <input type="checkbox"/> Mandarin   | <input type="checkbox"/> Swahili          | <input type="checkbox"/> Yiddish                                    |
| <input type="checkbox"/> Dutch                  | <input type="checkbox"/> Hmong    | <input type="checkbox"/> Norwegian  | <input type="checkbox"/> Swedish          | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Farsi                  | <input type="checkbox"/> Japanese | <input type="checkbox"/> Polish     | <input type="checkbox"/> Tagalog/Filipino |   |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Italian  | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Tamil            |   |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Khmer    | <input type="checkbox"/> Punjabi    | <input type="checkbox"/> Telugu           |   |

\* What educational degrees have you obtained? (Check all that apply)

If your degree is not listed, please choose the closest equivalent.

- |   |                                    |  |                                |   |
|---|------------------------------------|--|--------------------------------|---|
| <input type="checkbox"/> High School/Equivalent | <input type="checkbox"/> M.P.H.    | <input type="text" value="Area of study"/> | <input type="checkbox"/> M.D.  | <input type="text" value="Area of study"/>                                      |
| <input type="checkbox"/> A.A.                   | <input type="checkbox"/> M.A./M.S. | <input type="text" value="Area of study"/> | <input type="checkbox"/> Other | <input type="text" value="Specify"/> <input type="text" value="Area of study"/> |
| <input type="checkbox"/> B.A./B.S.              | <input type="checkbox"/> Ph.D.     | <input type="text" value="Area of study"/> | <input type="checkbox"/> None  |   |
| <input type="checkbox"/> D.D.S.                 | <input type="checkbox"/> J.D.      | <input type="text" value="Area of study"/> |                                |   |

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## Add New Advocate

1. Advocate Contact Information » 2. Demographics » **3. Cancer Experience** » 4. Advocacy Experience

\* What is your personal and/or professional connection to cancer issues? (Check all that apply)

- |  |   |  |
|--|---|--|
| <b>SELF</b>  | <b>OTHERS</b>                                       | <b>PROFESSION</b>  |
| <input type="checkbox"/> Cancer survivor                 | <input type="checkbox"/> Related to cancer survivor | <input type="checkbox"/> Health professional in cancer related field |
| <input type="checkbox"/> Currently in treatment          | <input type="checkbox"/> Related to cancer patient  | <b>OTHER</b>   |
| <input type="checkbox"/> Currently not on treatment      | <input type="checkbox"/> Friend of cancer survivor  | <input type="checkbox"/> Other <input type="text" value="Specify"/>  |
| <input type="checkbox"/> Currently in research treatment | <input type="checkbox"/> Friend of cancer patient   |  |

\* What cancer disease sites do you have significant experience with? (Check all that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Anal                  | <input type="checkbox"/> Esophageal       | <input type="checkbox"/> Melanoma          | <input type="checkbox"/> Pancreatic                                 |
| <input type="checkbox"/> Bladder               | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Multiple Myeloma  | <input type="checkbox"/> Testicular                                 |
| <input type="checkbox"/> Brain                 | <input type="checkbox"/> Head and Neck    | <input type="checkbox"/> Non-melanoma Skin | <input type="checkbox"/> Thyroid                                    |
| <input type="checkbox"/> Breast                | <input type="checkbox"/> Kidney           | <input type="checkbox"/> Oral              | <input type="checkbox"/> All/General                                |
| <input type="checkbox"/> Cervical              | <input type="checkbox"/> Leukemia         | <input type="checkbox"/> Prostate          | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Colorectal            | <input type="checkbox"/> Liver            | <input type="checkbox"/> Sarcoma           |   |
| <input type="checkbox"/> Endocrine             | <input type="checkbox"/> Lung             | <input type="checkbox"/> Stomach           |   |
| <input type="checkbox"/> Endometrial (Uterine) | <input type="checkbox"/> Lymphoma         | <input type="checkbox"/> Ovarian           |   |

\* Please indicate your area(s) of interest. (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cancer risk factors          | <input type="checkbox"/> Education, training, and outreach | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Treatment/therapy modalities | <input type="checkbox"/> Cancer prevention                 | <input type="checkbox"/> None                                       |

Please indicate any population(s) in which you have expertise. (Check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adolescent/Young Adult           | <input type="checkbox"/> Elderly/Geriatric                | <input type="checkbox"/> Native Hawaiian or other Pacific Islander  |
| <input type="checkbox"/> African-American/Black           | <input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender | <input type="checkbox"/> Recurrence                                 |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hereditary Risk for Cancer       | <input type="checkbox"/> Rural                                      |
| <input type="checkbox"/> Appalachian                      | <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Urban                                      |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Low Literacy                     | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Childhood/Pediatric              | <input type="checkbox"/> Medically Underserved            | <input type="checkbox"/> None                                       |
| <input type="checkbox"/> Disabled                         | <input type="checkbox"/> More than one diagnosis          |   |

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## Add New Advocate

1. Advocate Contact Information » 2. Demographics » 3. Cancer Experience » 4. Advocacy Experience

## \* Have you completed any additional training relevant to your role as a cancer research advocate?

Yes  No  N/A 

* Training Name	* Hosting Organization	Date	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

## \* Please describe any experiences and skill sets that make you a qualified cancer research advocate.

## Type of NCI Advocacy Engagement Expertise (Visible only to OAR Staff)

 Advise  Design  Review  Disseminate

## Are you affiliated with a cancer advocacy or professional organization?

Yes  No 

Please indicate which organization(s) from the list provided below. Also list your title/role in the organization you listed. If your organization is not listed, please provide its name. NOTE: Please do not enter acronyms.

Affiliated Organization	Title/Role	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

## \* Please upload your advocacy resumé

Download Sample Advocacy Resumé

The system will accept a Microsoft Word document or a PDF.

Browse...

File Name	Date Last Uploaded
Loremipsum.pdf	06/20/2011

## OAR Contact with Advocate Log (Visible to OAR Staff Only)

Notes	Name	Date
<input type="text"/>	First Name <input type="text"/> Last Name <input type="text"/>	06/20/2011 <input type="text"/>

## How did you hear about NCI's cancer research advocate program?

## Referring Source (Visible to OAR Staff Only)

## List of advocacy experiences at NCI.

If you have additional advocacy experiences specific to NCI that are not listed here and would like to add them, please contact [nciadvocacy@mail.nih.gov](mailto:nciadvocacy@mail.nih.gov) or call (301) 594-3194.

Title	Activity Start Date	Activity End Date	Evaluation Forms (Visible to OAR Staff Only)	Requester Evaluation Feedback (Visible to OAR Staff Only)
Cancer Evaluation	03/20/2011	06/20/2011	View Requester Evaluation View Advocate Evaluation	Automatically populated from activities database.

## Please list any advocacy experiences that are not related to NCI, including non-NCI advocacy events or activities you have participated in.

Non-NCI Experience	Date
<input type="text"/>	<input type="text"/>

Add

## General Notes (Visible to OAR Staff Only)

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## Advocate Profile

### Contact Information [\[ edit \]](#)

<b>Name</b>	Dr. Maria Lopez III
<b>Address</b>	123 Spring Street Apt 123 Silver Spring, MD 20910
<b>Primary Phone</b>	301-123-4578
<b>Secondary Phone</b>	301-123-4578
<b>Email</b>	mlopex@gmail.com
<b>Willingness to Travel</b>	No

### Demographics [\[ edit \]](#)

<b>Gender</b>	Female
<b>Date of Birth</b>	01/1960
<b>Ethnicity</b>	Native Hawaiian or Other Pacific Islander
<b>Languages</b>	English, Telugu, Yiddish
<b>Education</b>	None

### Cancer Experience [\[ edit \]](#)

<b>Personal and professional connection to Cancer</b>	Cancer survivor, Related to cancer patient, Friend of cancer survivor
<b>Cancer disease site experience</b>	Leukemia, Thyroid
<b>Areas of Interest</b>	Treatment/therapy modalities
<b>Population Expertise</b>	Elderly/Geriatric

### Advocacy Experience [\[ edit \]](#)

#### Type of NCI Advocacy Experience (Visible Only to OAR Staff)

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#### Advocacy Training

Training Name	Hosting Organization	Date	Comments
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#### Advocacy/professional affiliations

Affiliated Organization	Title/Role
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#### NCI Advocacy Experiences

Title	Activity Start Date	Activity End Date	Evaluation Forms (Visible to OAR Staff Only)	Requester Evaluation Feedback (Visible to OAR Staff Only)
<a href="#">Cancer Evaluation</a>	03/20/2011	06/20/2011	<a href="#">View Requester Evaluation</a> <a href="#">View Advocate Evaluation</a>	Automatically populated from activities database.

#### Non-NCI Advocacy experiences

Non-NCI Experience	Date
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#### Description of experience and skill sets

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#### Advocacy Resume<sup>1</sup>

[Lorem ipsum dolor sit amet. pdf](#)

#### Referral Note

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#### Referral Source (Visible to OAR Staff Only)

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#### General Notes (Visible to OAR Staff Only)

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#### OAR Contact with Advocate (Visible to OAR Staff Only)

Notes	Name	Date
Lorem ipsum dolor sit amet, consectetur.	Fname Lname	06/20/2011

