



OMB No: 0925-0641 Expiry Date: 09/30/2014 User: Fname, Lname

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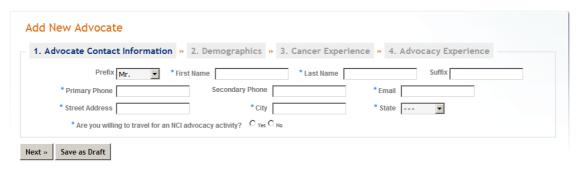








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Advocacy Organizations | Research Advocate OMB No: 0925-0641 Expiry Date: 09/30/2014 User: Fname, Lname

1. Advocate Contact	Information	1 » 2. Demogi	raphics » 3. Car	icer Exp	erience » 4.	Advocacy Experience	
* Gender 🗖 Male 🗖 Female	* Date of Birth	MM YYYY	▼				
* What ethnicity do	you most o	losely identify	with? (Check all	that ap	ply)		
🗆 American Indian or Alaska Native 🙎 🔻 Hispanic or Latino		☑ Other Specify					
🗆 Asian 😰	☐ Native Hawaiian or Other Pacific		Other Pacific Islander	ander Prefer Not to Disclose			
Black or African American	?	White 🙎					
* What language(s)	do vou spea	ak? (Check all t	hat apply)				
□ English	Greek	□ Korean	Russian	□ Thai			
American Sign Language	☐ Gujarati	□ Lao	☐ Serbo-Croatian	□ Urdu	ı		
☐ Arabic	Hebrew	☐ Malayalam	☐ Spanish	☐ Viet	namese		
☐ Cantonese	☐ Hindi	☐ Mandarin	☐ Swahili	☐ Yidd	lish		
□ Dutch	☐ Hmong	Norweigan	☐ Swedish	□ Othe	er Specify		
□ Farsi	☐ Japanese	Polish	☐ Tagalog/Filipino		,,,,		
French	☐ Italian	☐ Portuguese	□ Tamil				
German	☐ Khmer	□ Punjabi	□ Telugu				
	□ Khmer	□ Punjabi	□ Telugu	ıt apply)			
If your degree is not listed,	please choose	the closest equivale	ent.				
☐ High School/Equivalent		□ M.P.H. Ar	ea of study	☐ M.D.	Area of study		
Area of stu	ıdy	□ M.A./M.S. Ar	ea of study	☐ Other	Specify	Area of study	
☐ B.A./B.S. Area of stu	ıdy	□ Ph.D. Ar	ea of study	None	,		
D.D.S Area of stu	ıdv		ea of study				









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Add New Advocate							
1. Advocate Contact Inf	formation » 2. Demographics	» 3. Cancer Experienc	e » 4. Advocacy Experience				
* What is your persona	al and/or professional connection	on to cancer issues? (C	Sheck all that apply)				
SELF	OTHERS	PROFESSION					
Cancer survivor	Cancer survivor		☐ Health professional in cancer related field				
Currently in treatment	Related to cancer patient	OTHER					
Currently not on treatment	☐ Friend of cancer survivor	☐ Other Specify					
Currently in research treatme	ent Friend of cancer patient						
* What cancer disease	sites do you have significant e	xperience with? (Chec	ck all that apply)				
☐ Anal	☐ Esophageal	☐ Melanoma	☐ Pancreatic				
Bladder	☐ Gastrointestinal 🔽		☐ Testicular				
□ Brain	☐ Head and Neck	□ Non-melanoma Skin	☐ Thyroid				
☐ Breast	☐ Kidney		☐ All/General				
Cervical	rvical		Other Specify				
Colorectal	Liver	☐ Sarcoma					
Endocrine	□ Lung	☐ Stomach					
☐ Endometrial (Uterine)	Lymphoma	□ Ovarian					
* Please indicate your	area(s) of interest. (Check all ti	hat apply)					
Cancer risk factors	☐ Education, training, and outread	h Other Specify					
☐ Treatment/therapy modalities	☐ Cancer prevention	□ None					
Please indicate any po	pulation(s) in which you have o	expertise. (Check all t	hat apply)				
Adolescent/Young Adult	☐ Elderly/Geriatric	☐ Native Hawaiian or othe	er Pacific Islander				
African-American/Black	☐ Gay/Lesbian/Bisexual/Transgende	Recurrence					
American Indian or Alaska Na	tive	Rural					
Appalachian	☐ Hispanic or Latino	Urban					
Asian	☐ Low Literacy	Other Specify	Other Specify				
Childhood/Pediatric	☐ Medically Underserved	None					
Disabled	☐ More than one diagnosis	- Notic					
p .   u .   a	D 6						
« Previous   Next »   Save a	s Draft						

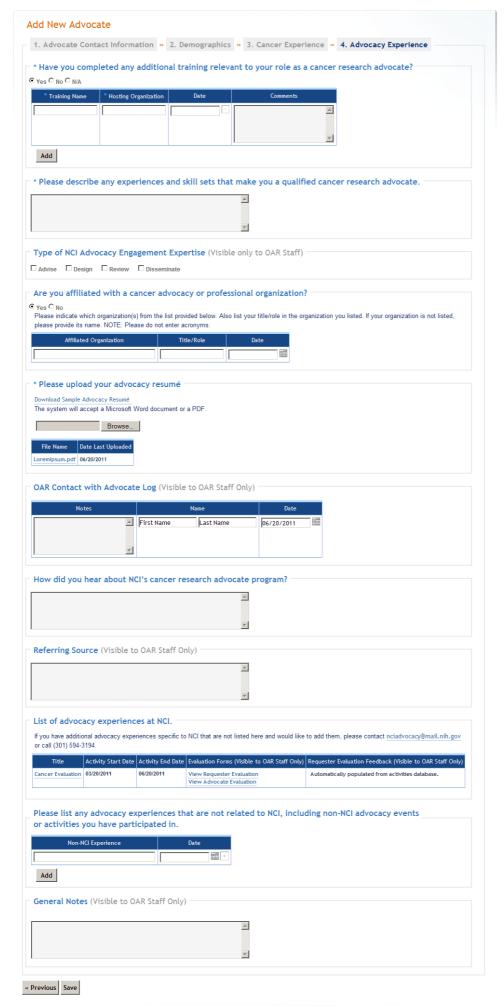






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## Advocate Profile

## Contact Information [ edit ] Name Dr. Maria Lopez III Address 123 Spring Street Apt 123 Silver Spring, MD 20910 Primary Phone 301-123-4578 Secondary Phone 301-123-4578 Email mlopex@gmail.com Willingness to Travel No





