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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

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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)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native ? | <input type="checkbox"/> Hispanic or Latino ? | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Asian ? | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander ? | <input type="checkbox"/> Prefer Not to Disclose |
| <input type="checkbox"/> Black or African American ? | <input type="checkbox"/> 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)

- | | | |
|--|---|--|
| SELF | OTHERS | PROFESSION |
| <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 | OTHER |
| <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 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 [\[edit \]](#)

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

Demographics [\[edit \]](#)

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

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

Personal and professional connection to Cancer	Cancer survivor, Related to cancer patient, Friend of cancer survivor
Cancer disease site experience	Leukemia, Thyroid
Areas of Interest	Treatment/therapy modalities
Population Expertise	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
Lorem ipsum	Lorem ipsum	xx/xx/xxx	Lorem ipsum dolor sit amet, consectetur adipiscing elit

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)
Cancer Evaluation	03/20/2011	06/20/2011	View Requester Evaluation View Advocate Evaluation	Automatically populated from activities database.

Non-NCI Advocacy experiences

Non-NCI Experience	Date
Lorem ipsum dolor sit amet, consectetur adipiscing elit.	xx/xx/xxx

Description of experience and skill sets

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Advocacy Resume¹

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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
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