



Advocate Profile Login

User ID

Password [Forgot Password](#)

Warning Notice

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Welcome to the NCI Office of Advocacy Relations (OAR) Research Advocate System. OAR designed this application to capture information to facilitate the advocate matching process for NCI activities.

If you have any questions or comments while completing your profile, please [contact OAR](#). Thank you for your interest in sharing the collective patient perspective.

PROCEED

OMB No.: 0925-0641

Expiration Date: 1/31/2021

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can maintain current information about our network of research advocates.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0641). Do not return the completed form to this address.



[Advocacy Organizations](#) | [Research Advocates](#)

Name: JOHN Freimuth
[Help](#)

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[Search Advocates](#) | [Add New Advocate](#) | [Request New Advocate Profile](#)

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Add New Advocate

[1. Advocate Contact Information](#) >> [2. Demographics](#) >> [3. Cancer Experience](#) >> [4. Advocacy Experience](#)

Note: * Asterisk indicates a required field

Prefix * First Name * Last Name Suffix

* Primary Phone Ext. Secondary Phone Ext. * Email

* Street Address * City * State * Zip

* Are you willing to travel for an NCI research activity? Yes No

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Add New Advocate

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

Note: * Asterisk indicates a required field

* Gender Male Female Other Prefer Not to Disclose

* Age

* Please select your ethnicity.

Hispanic/Latino Non-Hispanic/Latino Prefer Not to Disclose

* With what race do you most closely identify? (Check all that apply)

- American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Prefer Not to Disclose

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

- American Sign Language English Indian Languages Portuguese Tagalog
 Arabic French Italian Russian Other
 Chinese German Korean Spanish

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

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

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Less than High School Degree | <input type="checkbox"/> J.D. | Area of Study <input type="text" value="Area of study"/> |
| <input type="checkbox"/> High School Degree or Equivalent | <input type="checkbox"/> D.D.S | Area of Study <input type="text" value="Area of study"/> |
| <input type="checkbox"/> A.A. Area of Study <input type="text" value="Area of study"/> | <input type="checkbox"/> Ph.D. | Area of Study <input type="text" value="Area of study"/> |
| <input type="checkbox"/> B.A./B.S. Area of Study <input type="text" value="Area of study"/> | <input type="checkbox"/> M.D. | Area of Study <input type="text" value="Area of study"/> |
| <input type="checkbox"/> M.A./M.S. Area of Study <input type="text" value="Area of study"/> | <input type="checkbox"/> Other | <input type="text" value="Specify"/> |
| <input type="checkbox"/> M.P.H. Area of Study <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

Note: * Asterisk indicates a required field

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

- Cancer survivor, Friend of cancer survivor/patient, Volunteer at an Advocacy Organization, Currently in treatment, Caregiver of cancer survivor/patient, Other Specify, Currently in clinical trial, Health professional in cancer-related field, Related to cancer survivor/patient, Professional staff at an advocacy organization

* Select the cancer type(s) with which you have significant expertise. (Select up to two)

Cancer Type: [dropdown]

* Please indicate the areas of research in which you have an interest. For example, as a reviewer, collaborator, etc. (Check all that apply)

- Basic Science, Disparities, Genomics, Prevention, Translational Science, Clinical Trials, Early Detection, Population Science, Survivorship, Other Specify

* With what populations do you have experience? (Check all that apply)

- Adolescent/Young Adult, Elderly/Geriatric, Rural, African-American/Black, Gay/Lesbian/Bisexual/Transgender, Urban, American Indian or Alaskan Native, Hereditary Risk for Cancer, Other Specify, Appalachian, Hispanic or Latino, Asian, Low Literacy, Childhood/Pediatric, Medically Underserved, Disabled, Native Hawaiian or other Pacific Islander

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Add New Advocate

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

Note: * Asterisk indicates a required field

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

Yes No

Please add organization(s) and title/role within the organization below. NOTE: Please do not enter acronyms.

* Affiliated Organization	* Title/Role	Year(s), ex. 2008 - 2010, 2010 - Present	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

* Please provide highlights of your research advocacy experience. You may limit your activities to the past 6 months or year (Experience can include participation in NCI research activities, non-NCI research activities, positions and trainings). If you have an NIH Biosketch, you can copy and paste activities here.

Applicable Not Applicable

* Activity	* Activity Type	* Organization	* Start Date (MM/YYYY)	* End Date (MM/YYYY)	Comments	Action
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Remove"/>

Upload your CV/NIH Biosketch, if desired.

Do not include sensitive information in your résumé, such as your driver's license or social security numbers.

* Please provide a short bio detailing your cancer research advocacy experience.

0 characters | 0 words | max 2000 characters

Please indicate why serving as an NCI research advocate would interest you.

Advocate Profile (Page 4 continued)

0 characters | 0 words | max 2000 characters

Please indicate why serving as an NCI research advocate would interest you.

How did you hear about becoming an NCI research advocate?

List of Advocacy Experiences at NCI

Activity

Title	Start Date	End Date	Activity Type	Action
				Remove

Add Another Activity

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

Advise Design Review Disseminate

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

Notes	OAR Staff Member	Date	Action
	First Name Last Name		Remove

Add Another Note

General Notes (Visible to OAR Staff Only)

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Program Staff Request (Page 1)

Add New Request » Requester Contact Information

Request Status: Draft

Request Date

Need By

Note: * Asterisk indicates a required field

Prefix

* First Name

* Last Name

Suffix

* D/O/Cs

* Program/Office

* Email

* Phone

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Add New Request » Activity Description

Request Status: Draft

<p>* Activity Type <input type="text"/></p> <p>If other, please specify <input type="text" value="Specify"/></p> <p>* Activity Title <input type="text"/></p> <p>Activity Date Range (if end date unknown please enter approximate end date) <input type="text"/> to <input type="text"/></p> <p>* Is Travel Required? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Activity Address Line 1 <input type="text"/></p> <p>Activity Address Line 2 <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/></p> <p>Zip code <input type="text"/></p>	<p>* Activity Description</p> <div style="border: 1px solid gray; height: 200px;"></div>
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Add New Request » Advocate Details

Request Status: Draft

* Number of research advocates requested

Please check any specific cancer sites that you would like a research advocate to have either personal or professional experience with (check all that apply):

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

* Preferred Knowledge/Experience in Topic Area

Preferred Population Demographics

Notes (including Potential Conflicts of Interest)

Notes (Visible to OAR Staff Only)

<< Previous Submit