



### Advocate Profile Login

User ID

Password  [Forgot Password](#)

#### Warning Notice

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
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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-XXXX

Expiration Date: XX/XX/XXXX

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-XXXX). Do not return the completed form to this address.



### 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

Next >>

Save as Draft

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 Specify 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.

- Less than High School Degree High School Degree or Equivalent A.A. B.A./B.S. M.A./M.S. M.P.H. J.D. D.D.S. Ph.D. M.D. Other Area of Study Area of study Area of study Area of study Area of study Specify

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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)

- Checkboxes for: 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 menu]

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

- Checkboxes for: 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)

- Checkboxes for: 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
				<b>Remove</b>

**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
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input style="width: 100%;" type="text"/> </div> <div style="width: 45%;"> <input style="width: 100%;" type="text"/> </div> </div>		<b>Remove</b>

**Add Another Note**

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

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Save as Draft
Submit

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" value=""/></p> <p>If other, please specify <input type="text" value="Specify"/></p> <p>* Activity Title <input type="text" value=""/></p> <p>Activity Date Range (if end date unknown please enter approximate end date) <input type="text" value=""/> to <input type="text" value=""/></p> <p>* Is Travel Required? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Activity Address Line 1 <input type="text" value=""/></p> <p>Activity Address Line 2 <input type="text" value=""/></p> <p>City <input type="text" value=""/></p> <p>State <input type="text" value=""/></p> <p>Zip code <input type="text" value=""/></p>	<p>* Activity Description</p> <div style="border: 1px solid #ccc; height: 200px; width: 100%;"></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)