


https://nciadvocates.cancer.gov/oarext/OARHome.action

 **NATIONAL CANCER INSTITUTE**  
**Office of Advocacy Relations**

OMB No: 0925-0774 Expiry Date: 10/31/2024 [Help](#)

## Welcome to the NCI Office of Advocacy Relations(OAR) Research Advocate System

**Thank you for your interest in advocacy at NCI!**

NCI's Office of Advocacy Relations Research Advocate System (RAS) now uses Login.gov for advocates to create and manage their profiles. Login.gov allows for enhanced security and is compliant with HHS' two-factor authentication requirements. Please see the directions below for creating and managing your profile in the RAS.

**If you do not have a Login.gov account**, please click "Register" to create one. Once you create a Login.gov account you will be able to create and manage your advocacy profile.

*Please make sure to create a Login.gov account using the email address to which you received an invitation to participate in advocacy at NCI.*

**If you already have a Login.gov account**, please click "Log In". Once you sign in to your account you'll be able to create and manage your advocate profile.

*You can use your existing Login.gov account if it has the same email address as the one we used to invite you to participate, otherwise, you do need to create a new Login.gov account.*

Thank you again for your interest in advocacy at NCI and for completing a profile in the RAS. Creating a profile allows us to consider you for advocate opportunities across NCI. If you have any questions or need assistance completing your profile, please contact OAR at [nciadvocacy@nih.gov](mailto:nciadvocacy@nih.gov)

Warning Notice

2:05 PM 3/22/2024



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.: 0925-0774


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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 (0925-0774). Do not return the completed form to this address.

← ↻ <https://secure.login.gov> 🔒 An official website of the United States government [Here's how you know](#) ▾

LOGIN.GOV NIH



**NIH** is using Login.gov to allow you to sign in to your account safely and securely.

[Sign in](#) [Create an account](#)

**Sign in for existing users**

⚙️



### 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



<< Go Back to Advocate Profile

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

Note: \* Asterisk indicates a required field

**How do you currently describe yourself?** (Check all that apply)

Male  Transgender  
 Female  I use a different term

**\* Please select your age**

Age

**What is your race and/or ethnicity?**

*Select all that apply and enter additional details in the spaces below.*

American Indian or Alaskan Native  
*Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

Asian - Provide details below.  
 Chinese  Asian Indian  Filipino  
 Vietnamese  Korean  Japanese  
*Enter, for example, Pakistani, Hmong, Afghan, etc.*

Black or African American - Provide details below.  
 African American  Jamaican  Haitian  
 Nigerian  Ethiopian  Somali  
*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.*

Hispanic or Latino - Provide details below.  
 Mexican  Puerto Rican  Salvadoran  
 Cuban  Dominican  Guatemalan  
*Enter, for example, Colombian, Honduran, Spanish, etc.*

Middle Eastern or Northern African - Provide details below.  
 Lebanese  Iranian  Egyptian  
 Syrian  Iraqi  Israeli  
*Enter, for example, Moroccan, Yemeni, Kurdish, etc.*

Native Hawaiian or Pacific Islander - Provide details below.  
 Native Hawaiian  Samoan  Chamorro  
 Tongan  Fijian  Marshallese  
*Enter, for example, Chuukese, Palauan, Tahitian, etc.*

White - Provide details below.  
 English  German  Irish  
 Italian  Polish  Scottish  
*Enter, for example, French, Swedish, Norwegian, etc.*

**\* 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.

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



### 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)

- |                                                             |                                                                         |                                                                     |
|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Cancer survivor                    | <input type="checkbox"/> Friend of cancer survivor/patient              | <input type="checkbox"/> Volunteer at an Advocacy Organization      |
| <input type="checkbox"/> Currently in treatment             | <input type="checkbox"/> Caregiver of cancer survivor/patient           | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Currently in clinical trial        | <input type="checkbox"/> Health professional in cancer-related field    |                                                                     |
| <input type="checkbox"/> Related to cancer survivor/patient | <input type="checkbox"/> Professional staff at an advocacy organization |                                                                     |

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

Cancer Type:

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

- |                                          |                                          |                                             |                                       |                                                                     |
|------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Basic Science   | <input type="checkbox"/> Disparities     | <input type="checkbox"/> Genomics           | <input type="checkbox"/> Prevention   | <input type="checkbox"/> Translational Science                      |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Early Detection | <input type="checkbox"/> Population Science | <input type="checkbox"/> Survivorship | <input type="checkbox"/> Other <input type="text" value="Specify"/> |

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

- |                                                            |                                                                    |                                                                     |
|------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adolescent/Young Adult            | <input type="checkbox"/> Elderly/Geriatric                         | <input type="checkbox"/> Rural                                      |
| <input type="checkbox"/> African-American/Black            | <input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender          | <input type="checkbox"/> Urban                                      |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hereditary Risk for Cancer                | <input type="checkbox"/> Other <input type="text" value="Specify"/> |
| <input type="checkbox"/> Appalachian                       | <input type="checkbox"/> Hispanic or Latino                        |                                                                     |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Low Literacy                              |                                                                     |
| <input type="checkbox"/> Childhood/Pediatric               | <input type="checkbox"/> Medically Underserved                     |                                                                     |
| <input type="checkbox"/> Disabled                          | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |                                                                     |

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[Save as Draft](#)





### 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.

^  
v

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)

<< Previous
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

[Next >>](#)

### 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)