

APPLICATION FOR NCI CIRB MEMBERSHIP

Attachment_B03_NCI_CIRB_Membership

OMB# 0925-0753, Expiration Date: 07/31/2021

The purpose of the information collection is to conduct reviews of clinical trial studies. NCI guidelines mandate the participation of institutions in the CIRB for Network group studies. You are being requested to complete this instrument so that we can conduct activities involved with the operations of the NCI CIRB Initiative. Although your participation in Network group research and completion of the forms is voluntary, if you wish to participate in the CIRB, you must complete all questions on the form. The information you provide will be combined for all participants and reported as summaries. It will be kept private to the extent provided by law.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

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 (0925-0753). Do not return the completed form to this address.

INSTRUCTIONS

Before completing this application please review the following materials:

1. CIRB MEMBERSHIP BASICS

The role and expectations of CIRB members are described in the section CIRB Membership Basics on the website. An applicant does not need to have all of the knowledge, skills, and experience outlined in this section, however, applicants who are selected to serve on the CIRB will have demonstrated in their application and supporting materials how their experience and qualifications are suited to the role of CIRB member.

2. CONFLICT OF INTEREST (COI) WORKSHEET

Consider reviewing the CIRB Member CoI worksheet before you begin the application process. On occasion an applicant may be too conflicted to serve on the CIRB or their potential conflicts of interest may result in frequent recusal which cannot be managed. NCI employees and contractors are not eligible to serve on the CIRB. As part of this application, you will be asked to complete and submit the CoI screening worksheet.

TO APPLY:

1. Complete this application and the CoI Screening worksheet.
2. Email the completed application, CoI Screening worksheet, and your resume, CV, or Bio to cirbmembership@emmes.com with 'CIRB Member Application' in the subject line.
3. If you have questions regarding the application process or materials, contact the NCI CIRB Helpdesk at ncicirbcontact@emmes.com or call 1-888-657-3711.

July 2018

1. APPLICANT INFORMATION

Name:
Institution:
Phone Number:
Email Address:
Mailing Address:

Please indicate which CIRB you are interested in serving on—you may select more than one or indicate that you do not have a preference:

- Adult CIRB – Late Phase Emphasis
- Adult CIRB – Early Phase Emphasis
- Pediatric CIRB
- Cancer Prevention and Control CIRB
- I do not have a preference

2. SUMMARY OF QUALIFICATIONS

How will your qualifications and experience contribute to the CIRB?

3. MEMBER DIVERSITY

The NCI CIRBs review research that impacts thousands of people who represent a variety of communities, backgrounds, and ethnicities. The CIRB strives to ensure representation of these people and communities by selecting board members’ whose experience, expertise, and cultural background contribute to the diversity of the CIRB. Diversity can also be found in the geographic locations of CIRB members, the communities they serve, as well as more traditional notions of diversity such as race and gender.

How would your experiences contribute to the diversity of perspectives represented on the CIRB?

4. REFERENCES

List the names and contact information of two (2) individuals who can speak to your experience and qualifications to serve on the CIRB.

REFERENCE 1	
Name	
Relationship	
Institution	
Phone Number	
Email	

REFERENCE 2	
Name	
Relationship	
Institution	
Phone Number	
Email	

6. CHECKLIST FOR SUBMISSION

- Application for NCI CIRB Membership;
- CV, Resume, or Bio;
- CoI Screening worksheet.

NOTE: Please submit documents attached to a single email. Please do not send three separate emails. Thank you!

WHAT NEXT?

Once you have submitted the above documents, you will receive a confirmation email within 48 hours. You will then be contacted within a month after the close date for applications, regarding the status of your application.

Posted: June 15, 2017