

ECRI Scientist Membership Application Form: *Associate Scientist*

A. Applicant Information

Name		Email address	
Primary Research Theme (check one)	<input type="checkbox"/> Translational Research <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Quality Healthcare and Knowledge Translation		
McMaster University Appointment			
Primary Department		Appointment	
Associate Department(s)			

B. Applicant Eligibility

Please confirm that you meet all eligibility requirements of an **ECRI Associate Scientist** Membership:

<input type="checkbox"/>	I hold a McMaster University appointment as Associate Professor (or higher) in the Department of Oncology.
OR	
<input type="checkbox"/>	I hold a McMaster University appointment as an Associate Member in the Department of Oncology and Associate Professor (or higher) in another Department.
<input type="checkbox"/>	I am engaged in Oncology research that aligns with an ECRI research theme (this is further described in the Research Plan). Please check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> I lead a research program, unit or group with at least a secondary focus in Oncology. <input type="checkbox"/> I routinely conduct activities that are crucial to the success of a research program, unit or group that conducts academic research in Oncology. <input type="checkbox"/> I serve as Principal or Co-Investigator on a national grant in Oncology. <input type="checkbox"/> I perform mentorship or educational activities that contribute to the conduct of Oncology research by graduate students, residents, fellows or faculty. <input type="checkbox"/> I have a mean of at least 2 publications in Oncology research annually over the past ten years.

C. Checklist

Please confirm that your application package includes all 3 items listed below as a single PDF.

- Completed and signed Application Form
- 1-page Research Plan, including: how your work will be funded and research already undertaken in alignment with an ECRI research theme, associated publications and academic support to Early Career Scientists plan.
- Recent CV

D. Acknowledgement

Please confirm your commitment to all responsibilities of an **ECRI Associate Scientist**:

- I will participate regularly in ECRI Rounds.
- I will provide academic support to Early Career Scientists and report annually on my support activities.
- I will collaborate with ECRI Scientists in oncology research studies conducted at HHS and McMaster.
- I will contribute to ECRI's annual and 5-year reporting requirements to HHS and McMaster University.
- I have read and agree to the terms of the ECRI Scientist Membership policy.

Signature _____

Date _____