

ECRI Scientist Membership Application Form: *Early Career 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 Early Career Scientist** Membership:

<input type="checkbox"/>	I hold a McMaster University appointment as Assistant 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 an Assistant Professor (or higher) in another Department.
<input type="checkbox"/>	I plan to develop an active research program in Oncology research that aligns with an ECRI research theme (this is further described in the 1-page Research Plan). Specifically: I will have a research grant as Principal Investigator within each of my five-year membership terms and I will have at least 1 publication annually as first author during my membership term.

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, research already undertaken in alignment with an ECRI research theme (if applicable) and associated publications.
- Recent CV

D. Acknowledgement

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

- I will participate regularly in ECRI Rounds, including leading at least one Round every 3 years.
- I will receive formal or informal mentorship by an ECRI Scientist.
- 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 _____