

## ECRI Scientist Membership Application Form: *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. Eligibility

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

<input type="checkbox"/>	I hold a McMaster University appointment as an Associate Professor (or higher) in the Department of Oncology
<b>OR</b>	
<input type="checkbox"/>	I hold a McMaster University appointment as an Associate Member in the Department of Oncology <b>and</b> Associate Professor (or higher) in another Department.
<input type="checkbox"/>	I have an active research program with a primary focus in Oncology that aligns with an ECRI research theme (this is further described in the Research Plan). Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> I hold a Research Chair or Investigator Award</li> <li><input type="checkbox"/> I lead a research program, unit or group that conducts academic research in Oncology</li> <li><input type="checkbox"/> I serve as Principal Investigator on a national grant</li> <li><input type="checkbox"/> I have a mean of at least 5 publications annually over the past ten years, with at least 2 as first or senior author, annually</li> <li><input type="checkbox"/> I hold a Professor Emeritus appointment in the Department of Oncology</li> </ul>

### C. Checklist

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

- Completed and signed Application Form
- 1-2 page Research Plan, including: how your work will be funded, research already undertaken in alignment with an ECRI research theme, associated publications and your mentorship plan.
- Recent CV

### D. Acknowledgement

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

- I will participate regularly in ECRI Rounds, including leading at least one ECRI Round every two years.
- I will provide mentorship to Early Career Scientists and report annually on my mentorship activities.
- 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 \_\_\_\_\_