



NATIONAL CENTER FOR
REGENERATIVE MEDICINE

**Application for Membership
Center for Regenerative Medicine**

PERSONAL INFORMATION

NAME:

LAST 4 DIGITS OF SSN:

DEGREE(S):

ACADEMIC RANK:

CWRU ID (initials and numbers):

TENURE STATUS:

SCHOOL:

DEPARTMENT:

DIVISION:

BUILDING AND ROOM NUMBER:

LOCATION CODE/MAIL STOP:

TELEPHONE NUMBER:

SECRETARY/ASSISTANT NAME, PHONE & EMAIL:

FAX NUMBER:

PAGER NUMBER:

E MAIL ADDRESS:

MAILING ADDRESS:

NCRM Membership Application (continued)

Please note that not all questions will apply to every applicant. If there is a question which you feel does not apply to you, please mark n/a in the space provided.

1. **ATTACH** NIH Biographical Sketch as a **WORD DOCUMENT** ([Blank Form](#))

2. **ATTACH** Other Support with effort

3. Provide a brief description of the regenerative medicine focus of your research. This is critical for determining membership in the NCRM. (1 paragraph).

4. The following is a list of interdisciplinary programs and working groups. Indicate the program your research is most aligned with, and describe the relationship of your research to that program. (Please note: We will use your selection to determine program placement, if accepted for membership).
 - Biology and Immunology
 - Cardiovascular
 - Dermatology
 - Diabetes
 - Imaging
 - Musculoskeletal
 - Neurology
 - Oncology
 - Reproduction and gender-based disorders
 - Sensory

5. Indicate the actual or potential interdisciplinary nature of your research. Describe any established interdisciplinary programs in which you already participate.

6. Which Core Facilities do you use?

NCRM Membership Application (continued)

7. If you are a clinician, we are interested in the relationship your clinical practice has with clinical research. Please describe your involvement in Regenerative Medicine related clinical research, including:

- clinical trials you have written or collaborated on
- participation in national cooperative trials
- clinical trials for which you have recruited patients
- number of patients recruited to trials in the past year

8. Do you have an active role in a disease team?

_____ yes _____ no

If yes, please describe below.

9. Do you serve on an IRB?

_____ yes _____ no

10. Suggestions for other programs or core facilities? Other comments?

Please return all materials to:

Susan Halloway
National Center for Regenerative Medicine
susan.halloway@case.edu
(216) 368-1017