

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY INSTITUTIONAL MEMBERSHIP APPLICATION

Membership Application Type:	☐ NCORP Componer	nt/Subcomponent
	☐ Sub-Affiliate (non-	NCORP)
		omponent/Sub-affiliates
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Institutional Information		
Legal Name of Institution (Confirm the legal name with an institution official. This should match the		
NCI ID Code):		
Legal Address of Institution:		
Degai reduces of institution.	_	
Institution NCI Identification Code:		
Site Principal Investigator (PI):		CTEP ID:
Phone:	E-Mail:	
Network Lead CRP:		CTEP ID:
Phone:	E-Mail:	
Site Secondary Lead CRP:		CTEP ID:
Phone:	E-Mail:	
FWA and IRB Information		
Federalwide Assurance #: Expiration Date:		*
(If you do not have an FWA #, this application will not be processed)		
Name and address of Local Institutional Review Board:		
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Local IRB Registration Code Number	<u>:r:</u>	Expiration Date:
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Enrolled in the NCI Central IRB (CIRB)? • Yes • No (Applications will be delayed until this information is provided, as this is a NIH requirement)		
(Applications will be detayed until this information is provided, as this is a 14111 requirement)		
Funding Information		
Does an NCI Community Oncology Research Program (NCORP) or Lead Academic Performance		
Site (LAPS) Grant currently fund your institution/group? •Yes •No		
If "yes," indicate the grant number and funding period. Grant #:		
Funding Period:		

Revised July 15, 2019