

First, please read the Alvin J. Siteman Cancer Center Membership Guidelines and then complete the following application form. Email the completed, typed application with requested enclosures to Carrie Wehking ([wehkingc@wustl.edu](mailto:wehkingc@wustl.edu)). *Applications not sent in the requested format will not be accepted.* **Information submitted on your application will be used to create your profile on the SCC web page.**

Date of Submission: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Degree: \_\_\_\_\_

Appointment:  Washington University, BJH or Children's Hospital  SLU

Academic Title: \_\_\_\_\_

Primary Department: \_\_\_\_\_

Division (if applicable): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Campus Box # \_\_\_\_\_ Office Location: \_\_\_\_\_

If not on campus, list full mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Assistant: \_\_\_\_\_ Assistant's Phone: \_\_\_\_\_

► **Area of Clinical or Research Interest:** Briefly describe – this statement will be listed on the Siteman Cancer Center's web page ([www.siteman.wustl.edu](http://www.siteman.wustl.edu)) - maximum 75 words.

► **Reason for your interest in becoming a member of the Siteman Cancer Center:**

► **Do you see cancer patients?**  Yes  No

*If yes, please answer the below questions:*

What is your clinical specialty? \_\_\_\_\_

What type of cancers do you treat? \_\_\_\_\_

Which campuses do you see patients at? \_\_\_\_\_

Board certifications and year you were certified: \_\_\_\_\_

► Which Siteman Cancer Center Shared Resource Facilities would you potentially use?

- |                                                                    |                                                                      |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Biologic Therapy Core Facility            | <input type="checkbox"/> Center for Biomedical Informatics (CBMI)    |
| <input type="checkbox"/> Biostatistics Shared Resource (BSR)       | <input type="checkbox"/> Clinical Trials Office (CTO)                |
| <input type="checkbox"/> Health Behavior, Communication & Outreach | <input type="checkbox"/> Tissue Procurement Core (TPC)               |
| <input type="checkbox"/> Immunomonitoring Laboratory (IML)         | <input type="checkbox"/> Siteman Flow Cytometry (SFC)                |
| <input type="checkbox"/> Genome Engineering iPCS Center            | <input type="checkbox"/> Imaging and Response Assessment Core (IRAC) |
| <input type="checkbox"/> Genome Technology Access Core (GTAC)      | <input type="checkbox"/> Proteomics                                  |
| <input type="checkbox"/> Small Animal Cancer Imaging (SACI)        |                                                                      |

► Please select which Siteman Cancer Center Research Program(s) you would like to actively participate. Note: Each of the programs/focus group meets regularly.

**Research Program(s) (maximum of 2 programs)**

- Tumor Immunology
- Hematopoietic Development and Malignancy
- Cell-to-Cell Communications in Cancer
- Prevention and Control
- Oncologic Imaging
- Breast Cancer Research
- Solid Tumor Therapeutics

► Please check the below focus group(s) and/or research working group(s) in which you would like to participate.

**Focus Groups and Research Working Groups (no minimum/maximum)**

- |                                                       |                                                            |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> DNA Metabolism and Repair    | <input type="checkbox"/> Head & Neck Oncology              |
| <input type="checkbox"/> Developmental Therapeutics   | <input type="checkbox"/> Gynecologic Oncology              |
| <input type="checkbox"/> Leukemia/Lymphoma/Transplant | <input type="checkbox"/> Endocrine Oncology                |
| <input type="checkbox"/> Melanoma                     | <input type="checkbox"/> Gastrointestinal Oncology (Lower) |
| <input type="checkbox"/> Musculoskeletal Oncology     | <input type="checkbox"/> Gastrointestinal Oncology (Upper) |
| <input type="checkbox"/> Thoracic Oncology            | <input type="checkbox"/> Neuro-Oncology                    |
| <input type="checkbox"/> Genitourinary Oncology       | <input type="checkbox"/> Pediatric Oncology                |
| <input type="checkbox"/> Breast Oncology              |                                                            |

► **Funded Research/Training Grants**

Are you the Principal Investigator (PI) on any cancer-related funded research projects?

- Yes     No    *If yes*, are any peer-reviewed\*?     Yes     No

NOTE: If you are a PI on any cancer-related funded research projects, we require an **NIH Other Support page along with the project/grant abstract**. Please submit information on pending projects as well. \*Peer-reviewed is defined by NCI standards: <http://cancercenters.cancer.gov/documents/PeerReviewFundingOrganizations508C.pdf>

► **Clinical Trials Involvement**

Have you enrolled patients onto cancer clinical trials in the past year?  Yes  No

*If yes*, how many of those patients have been registered/consented under your name on cancer-related clinical trials over the past year?

Are you a national (not institutional) leader of a NCI NCTN or COG trial?

If yes, please indicate which trials:

Yes No

► **Cancer-related Publications**

Do you have any peer-reviewed cancer-related publications (2011-present)?

Yes No

*If yes*, indicate on your CV or on another page, which publications (2011 to present only) are cancer-related.

► Do you have any social media handles? If so, please list them below, Siteman would like to follow your posts.

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► **Professional Credentials**

Please submit a current curriculum vitae and an NIH biosketch. If you have current grant support, an NIH Other Support page is also required.

The NCI guidelines require that new membership in the SCC is reviewed at the time of application and again annually thereafter. While we annually request some information from you directly (such as biosketches, web updates, etc), we also have the ability to obtain some data from our central university data sources such as the PARS system and the grant tracking system. From these systems we obtain information regarding your cancer related grant activity and effort reports for cancer related grants and clinical trials. This information does not include salary data. Obtaining this information centrally reduces the amount of information we need to obtain from you personally. Acceptance of membership in the SCC indicates your willingness to allow us to access this information on your behalf. Please contact Carrie Wehking (wehking@wustl.edu) if you have any questions.

I have reviewed the Alvin J. Siteman Cancer Center Membership Guidelines and agree to follow these guidelines as well as actively participate in the further development of the Siteman Cancer Center.

Signature

Date