

ACRIN Research Associate SubCommittee Questionnaire



*The RA Executive Committee thanks you for your interest.
In an effort to become acquainted, we would appreciate completion
of this questionnaire.
We are very interested in learning about your experience, training
and areas of interest.*

Organization: _____ Date: _____ - _____ - _____

Name with Title: _____ E-mail address: _____

1. How many years of clinical research experience do you have?

- Industry / Pharmaceutical: _____
- ACRIN (include which protocols): _____
- Other Cooperative Trials: _____

2. Have you ever acted as a mentor in either a formal or informal capacity?

If yes, please describe your role.

3. Do you have any experience with the ACRIN audit process? Have you ever undergone an FDA audit?

4. In your current position do you supervise others? If yes, what is included in your responsibilities?

5. What do you determine to be your greatest professional strengths as an RA?

6. What are your areas of interest in research? (i.e. IRB/Regulatory, document preparation or teaching, etc.)

7. What do you think should be the primary objective of the RA Committee?

8. Which of the RA SubCommittees are you interested in working on? (please check appropriate box)

- Education: Yes No
- Quality Assurance: Yes No
- Networking and Communications: Yes No
- Mentorship: Yes No

*We thank you for taking the time to help us get to know you.
Please include a copy of your CV with the questionnaire and email to: **Tina Taylor at ttaylor@acr.org.***