

TMC | IRB

TMC CLINICAL RESEARCH PROGRAM

TMC IRB BOARD NOMINATION FORM

Please attach Nominee CV for submission

Candidate Information

Name _____

Title _____

Institution Name _____

Work number _____

Mobile number _____

Assistant Name/Number _____

E-mail address _____

Please provide any experience (if any) the candidate has with IRB, IBC, IACUC, Scientific Review, or other like committees.

Please explain the candidate's background in Ethics and BioEthics.

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Please provide any affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

Nominated by

Name _____ Title _____

Phone _____ E-mail _____

Assistant _____ Phone _____

Institution _____ Date _____

Has this person been contacted to determine their interest in being nominated? Yes No

If "yes," would he/she be willing to serve if elected? Yes No

THANK YOU FOR YOUR NOMINATION.

Submit completed nomination form to: Morgan Farrar | MFarrar@tmc.edu | (713) 791-8813
