ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

Membership Application Type:
- ☐ NCORP Component/Subcomponent
- ☐ Sub-Affiliate (non-NCORP)
- ☐ LAPS Integrated Component/Sub-affiliates

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:
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:
Local IRB Registration Code Number: Expiration Date:
Enrolled in the NCI Central IRB (CIRB)? ☐ Yes ☐ No
(Applications will be delayed until this information is provided, as this is a NIH 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: