ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

Your complete application package must include the following documents:

- ☐ **Cover Letter from the Principal Investigator of the Main Member** ***(see instructions for additional information)***
- ☐ **Completed Membership Application, including:**
  - ☐ **List of Studies that are open or will be opened**
  - ☐ **List of Investigators and Specialties**
  - ☐ **List of Affiliate and/or Sub-Affiliate Sites (if applicable) and an application for each site list**
- ☐ **NIH Bio-Sketch/CV** (for Principal Investigator only)
- ☐ **Copy of Audit Reports and Corrective Action Plans**
- ☐ **Federalwide Assurance Application/Documentation**
- ☐ **Confirmation of CIRB Enrollment**

(If application is incomplete, it will not be submitted to the Membership Committee)

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

Membership Application Type: ☐ Main (including NCORP and LAPS)
☐ Affiliate/LAPS Aligned Affiliate

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:
Principal Investigator (PI): CTEP ID:
Phone: E-Mail:
Co-PI (required for main member): CTEP ID:
Phone: E-Mail:
Network Lead CRP: CTEP ID:
Phone: E-Mail:
Site Secondary Lead CRP: CTEP ID:
Phone: E-Mail:
Name of Institutional Official (contact for legal agreements):
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:

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

MEMBERSHIP PROPOSAL

1. Indicate the resources available to assure timely compliance with Group administrative and data requirements (please mark all that apply).

Role	Number of Personnel	Comments
Investigators		
Clinical Research Associates/Professionals		
Oncology Nurses		
Regulatory Support		
Pharmacy Personnel		

2. Have you participated in cancer research cooperative group trials? ☐ Yes ☐ No

If yes,

- List the group(s):

- Provide a copy of the most recent CTMB audit report(s) performed by each of the groups the institution has been a member. If applicable, please include the corresponding corrective action plan(s).

- Provide the total number of cancer patients enrolled onto all cooperative group clinical trials per year.
  _____ (3-year average)

3. Have you participated in non-cooperative group cancer research trials? Yes No

If yes, provide the number of cancer patients enrolled onto non-cooperative group clinical trials per year.
_____ (3-year average)

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

If you have not enrolled patients on cooperative group clinical trials, complete items 4 and 5. Provide the details for the disease (s) or committee (s) appropriate to your Institution.

4. Document adequate patient resources available for entry into clinical trials. List your annual caseload by hospital and by disease.

Breast	Cancer Control	GI	GU	Leukemia	Lymphoma	Myeloma	Neurologic	Respiratory

5. Indicate anticipated accrual by types of studies (by disease or committee). You may wish to consult a recent studies list, which shows the current studies by committee, so you can make accurate accrual projections. This list is on the Alliance web page or available upon request.

Breast	Cancer Control	GI	GU	Leukemia	Lymphoma	Myeloma	Neurologic	Respiratory

Specify any disease areas (or committees) of Alliance research in which you do NOT foresee participation.

MEMBERSHIP PROPOSAL

INSTITUTIONAL MEMBERSHIP

STUDIES OPEN/OPENING AT INSTITUTION

Please list all open NCTN studies or that are being considered for opening at institution.

Study #	Study Name	Status at Site

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

MEMBERSHIP PROPOSAL

INSTITUTIONAL MEMBERSHIP
INVESTIGATOR ROSTER INFORMATION

Complete the table below for each Investigator to be included on your roster

Name	Specialty	Discipline

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

MEMBERSHIP PROPOSAL

AFFILIATE and/or SUB-AFFILIATE SITES

List all sites that meet the definition of being engaged in research.

Any site that is engaged in research must be on the roster. An institution is considered engaged in a particular non-exempt human subjects research project when its employees or agents for the purposes of the research project obtain: (1) data about the subjects of the research through intervention or interaction with them; (2) identifiable private information about the subjects of the research; or (3) the informed consent of human subjects for the research.

NCI Code	Legal (Full) Name of Affiliate/Sub-Affiliate Institution *(must match NCI ID Code)*	Principal Investigator	Address *(must match address for NCI Code)*	Indicate if site is an affiliate or sub-affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate
				☐ Affiliate ☐ Sub-Affiliate

Submit a separate Alliance Membership Application and Cover Letter for each site listed.

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY
INSTITUTIONAL MEMBERSHIP APPLICATION

MEMBERSHIP PROPOSAL

As proposed PI of this member network or main member I attest to understanding Section 2 of the Alliance Policies and Procedures. I acknowledge the accrual requirements of 15 NCTN member accrual credits annually based on a 3-year average for the Main member and affiliate annual accrual requirements of 5 NCTN member accrual credits based on a 3-year average. I further acknowledge that AFT enrollments are not counted toward the membership accrual requirements.

Signature of Proposed Principal Investigator *date*

Signature of Institution Official (Main Member applications only *date*

Return Completed Application
to: Membership Coordinator
membership@AllianceNCTN.org