

# NJ Alliance for Clinical and Translational Science (NJ ACTS)

## Membership Application for Members of NJ ACTS Institutions

Name: \_\_\_\_\_

Faculty  Postdoc/Fellow  Student  Staff

Title/Rank: \_\_\_\_\_

**Institutional Affiliation:**

- Rutgers University  
 Princeton University  
 New Jersey Institute of Technology

School/Department Affiliations: \_\_\_\_\_

**University Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Indicate what type of clinical and/or translational research you conduct or wish to conduct (check all that apply):

Check all that apply	
<input type="checkbox"/>	T0 - Basic Biomedical Science or Discovery
<input type="checkbox"/>	T1 - Translation to Humans – Clinical Insights
<input type="checkbox"/>	T2 - Translation to Patients – Practice Implications
<input type="checkbox"/>	T3 - Translation to Practice
<input type="checkbox"/>	T4 - Translation to Communities
<input type="checkbox"/>	T5 - Translation to Global Communities
<input type="checkbox"/>	Precision Medicine
<input type="checkbox"/>	Community-based Participatory Research
<input type="checkbox"/>	Innovation Trial Design

**Clinical and/or Translational Research:** Please provide a 3-4 sentences description of your current clinical and/or translational research.

**Current Collaborations:** If you are currently collaborating with colleagues at another participating academic institution, please note the name of the collaborator(s) and the topic of the collaboration. Add more lines, if needed.

**NJ ACTS Areas of Interest:** Which areas are of the greatest importance and interest to you? Check all that apply.

Check	Area	Comments
	Community-based Research	
	Informatics Tools and Capabilities	
	Identifying Collaborators and Promoting Collaboration	
	Pilot Grants	
	Biostatistics, Epidemiology and Research Design	
	Regulatory Knowledge and Streamlining	
	Research with Special Populations	
	Managing Clinical Research, Identifying Subjects, Streamlining Processes	

*For internal use only*

Date received: \_\_\_\_\_

Committee review date: \_\_\_\_\_

Date processed: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Membership decision: \_\_\_\_\_

Email notification date: \_\_\_\_\_