



# Advisory Council for Clinical Research Clinical Research Coordinator Certification Exam Scholarship Application

First Name	Last Name
Employer	Job Title
Work Address	
Department	Supervisor or PI
Work Phone	Work Email

**Job functions performed in this position:**

	Yes	No
Document adverse events	<input type="checkbox"/>	<input type="checkbox"/>
Prepare or review documents submitted to the IRB	<input type="checkbox"/>	<input type="checkbox"/>
Protocol review or study procedures planning	<input type="checkbox"/>	<input type="checkbox"/>
Participate in conducting subject visits	<input type="checkbox"/>	<input type="checkbox"/>
Maintain source documents	<input type="checkbox"/>	<input type="checkbox"/>
Prepare for and participate in study visits with monitor, sponsor, auditors, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Participate in consent process	<input type="checkbox"/>	<input type="checkbox"/>

**Please attach:**

- Your current resume
- Your current job description
- A letter of support from your immediate supervisor or PI
- A one page personal statement
  - o Explaining why you want to take the exam
  - o Describing how being certified can help you in your current position
  - o Outlining your future career goals

**Submit complete application package no later than November 10, 2017 to:**

Email: [accr@northwestern.edu](mailto:accr@northwestern.edu)

Attention: ACCR Scholarship Committee