

Thomas Jefferson University Kimmel Cancer Center

Cancer Center Membership Guidelines

Member:

- individual with an academic appointment who is a Principal Investigator of peer reviewed funded, cancer-related research and author of publications in leading scientific journals; or
- co-investigator on a peer-reviewed cancer-relevant grant, a primary focus of which is either population science or clinical cancer diagnostics, prognostics, or treatment; or
- investigator involved in national NCI sponsored clinical trials and has active participation in programmatic activities.

Associate Research Member:

- investigator with academic appointment and active involvement in cancer research.

Associate Clinical Member:

- patient care provider in the hospital or network who has demonstrated participation in patient based cancer research (clinical trials) and commitment to Kimmel Cancer Center mission.

Affiliate Member:

- individual who either has an academic appointment or is a university, medical college, hospital or network employee who is primarily involved in care of cancer patients or support of the Kimmel Cancer Center mission.

Emeritus Member:

- individual who has made an outstanding contribution to the mission of the Kimmel Cancer Center.

Honorary Member:

- community member who is keenly interested in supporting the mission of the Kimmel Cancer Center.

Term of Membership: membership in the Cancer Center is for a 3 year renewable term. The Membership Committee will meet quarterly to review membership.

**Kimmel Cancer Center
Membership Application
Executive Committee on Appointment**

Full Name: _____
Last Name
First Name
MI

<input type="checkbox"/> Male
<input type="checkbox"/> Female

Nominated for:

Check one Membership Type

- | | | |
|--|--|--|
| <input type="checkbox"/> Full Member | <input type="checkbox"/> Associate Clinical Member | <input type="checkbox"/> Emeritus Member |
| <input type="checkbox"/> Associate Research Member | <input type="checkbox"/> Affiliate Member | <input type="checkbox"/> Honorary Member |

(For Office Use Only)

Cancer Interest (check all that apply)

- Research Education Clinical

Types of malignancy of interest:

Primary Academic Appointment

Rank: _____ Department: _____

Nominee Data/Background

Office Address:

Street: _____
 City, State, ZIP: _____
 Telephone: _____
 FAX: _____
 Email: _____

Education:

Degree	Year	College/University	City/State	Major
Bachelor				
Masters				
MD				
PHD/DSc				
Other Doctorate				

***Curriculum vitae and bibliography must accompany this application*

 Signature of Nominee

 Date

 Proposed by

 Date

 Signature of Executive Committee

 Date