

# International Cancer Expert Corps

1608 Rhode Island Avenue, NW, Suite 243, Washington, DC 20036  
 70 East 96th Street, Suite 11A New York, NY 10128



## APPLICATION TO BECOME AN ICEC ASSOCIATE

Last Name		First		M.I.	
1. Name of Institution					
Position (check one)	Professor	Assist Prof/Instructor		Resident/Graduate Student	
2. Name of Practice					
Position (check one)	Chair/Director		Co-Chair/ Co-Director		
3. Name of Organization					
Position (check one)	CEO / Leader		Co-Leader		
Street Address			Suite /Unit #		
City	State/Province	Postal/Zip Code	Country		
Phone	Fax	E-Mail			

### EDUCATION/TRAINING

Name of Medical or Graduate School:		
Degree:	Date Awarded	
Post Graduate Training (Location)		
Degree / Certification Awarded:	Date Awarded	
Post Graduate Training (Location)		
Degree / Certification Awarded:	Date Awarded	
Post Graduate Training (Location)		
Degree / Certification Awarded:	Date Awarded	
Post Graduate Training (Location)		
Degree / Certification Awarded:	Date Awarded	

### PROFESSIONAL / WORK EXPERIENCE

<b>Academic Experience:</b>
Name of the Institution(s):
Years of Service and Rank:
<b>Experience in Private Practice:</b>
Name of the Organization:
Years of Experience and Responsibility:
<b>International Experience:</b>
Name of the Organization:
Years of Experience and Responsibility:

<b>Other:</b>

<b>RELATIONSHIP WITH EXISTING OR POTENTIAL ICEC CENTER (IF ANY)</b>
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Name of ICEC Center							
Name of ICEC Center Leader							
Street Address				Suite /Unit #			
City	State/Province			Postal/Zip Code	Country		
Phone	Fax			E-Mail			
Name of Hub							

<b>REASON FOR INTEREST IN AND GOALS OF BECOMING AN ICEC ASSOCIATE</b>
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Please supply two references:

Reference Name:	Position:
Contact Information: (e-mail)	
Address:	

Reference Name:	Position:
Contact Information: (e-mail)	
Address:	

<b>SIGNATURE OF THE APPLICANT:</b>
<b>DATE:</b>

<b>ADMINISTRATIVE REVIEW BY CENTERS COMMITTEE</b>
<b>APPLICATION REVIEWED BY (NAME):</b>

<b>ACCEPTED</b>	<b>REJECTED</b>	<b>PROVISIONAL</b>
<b>SIGNATURE:</b>		
<b>DATE:</b>		

<b>LEVEL OF ASSOCIATE ASSIGNED:</b>
<b>SENIOR ASSOCIATE:</b>
<b>JUNIOR ASSOCIATE:</b>
<b>ASSOCIATE-IN-TRAINING:</b>
<b>STUDENT:</b>

<b>APPROVAL BY OTHER ICEC COMMITTEES?</b>					
<b>HUB COMMITTEE</b>	<b>YES</b>	<b>NO</b>	<b>NAME</b>		<b>DATE:</b>
<b>ICEC CENTRAL</b>	<b>YES</b>	<b>NO</b>	<b>NAME</b>		<b>DATE:</b>