

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 CENTER

Name of Institution:

Street Address					Suite/Unit #	
City		State/Province		Postal / Zip Code		Country
Phone			Fax			E-Mail
Web Site						
Languages:	English	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other (Please Specify):		
	French	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	Spanish	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
	German	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Name of Leader / PI:

Street Address					Suite/Unit #	
City		State/Province		Postal / Zip Code		Country
Phone			Fax:			E-Mail
Web Site						

Name of Co-Leader:

Street Address					Suite /Unit #	
City		State/Province		Postal / Zip Code		Country
Phone			Fax:			E-Mail
Web Site						

Name of Administrative Manager:

Street Address					Suite/Unit #	
City		State/Province		Postal / Zip Code		Country
Phone			Fax:			E-Mail
Web Site						

RESOURCES AND COMMITMENT: DESIGNATED SPACE FOR ICEC

Description of Facility:			
Number of Offices:		Number of Exam Rooms:	
Number of Hospital Beds:			

Radiology Equipment	
CT Scanner (s):	MR Scanner (s):
Nuclear Medicine:	
PET Scan:	Bone Scan:
Radiation Therapy:	
LDR Brachytherapy	HDR Brachytherapy
Cobalt-60 Machine (s):	Linear Accelerator (s):
OTHER:	

IT RESOURCES
Telecommunication
Telecommunication Visual Communication (Skype)

PERSONNEL COMMITMENT TO ICEC CENTER		
Leader / PI	Hrs./Wk. (min 4hrs)	
Co-Leader / Co-PI	Hrs./Wk. (min 4hrs)	
Admin. Manager	Hrs./Wk. (min 4hrs)	

OTHER PERSONNEL

<p>Medical:</p> <table border="1"> <tr><td>Medical Oncologists</td><td></td></tr> <tr><td>Radiation Oncologists</td><td></td></tr> <tr><td>Pediatric Oncologists</td><td></td></tr> <tr><td>Radiologists</td><td></td></tr> <tr><td>Nuclear Medicine</td><td></td></tr> <tr><td>Pathologists</td><td></td></tr> <tr><td>Surgeons</td><td></td></tr> <tr><td>Surgical Oncologist</td><td></td></tr> <tr><td>Pharmacologists</td><td></td></tr> <tr><td>Psychologists</td><td></td></tr> <tr><td>Public Health Specialists</td><td></td></tr> <tr><td>Nurses</td><td></td></tr> </table>	Medical Oncologists		Radiation Oncologists		Pediatric Oncologists		Radiologists		Nuclear Medicine		Pathologists		Surgeons		Surgical Oncologist		Pharmacologists		Psychologists		Public Health Specialists		Nurses		<p>Science, Non-MD:</p> <table border="1"> <tr><td>Radiologic Physics</td><td></td></tr> <tr><td>Medical Physicists</td><td></td></tr> <tr><td>Epidemiologists</td><td></td></tr> <tr><td>Prevention and Screening Technologists</td><td></td></tr> <tr><td>Basic and Translational Scientists</td><td></td></tr> <tr><td>Statisticians</td><td></td></tr> <tr><td>Social Scientists</td><td></td></tr> <tr><td>Regulatory Affairs Specialists</td><td></td></tr> </table>	Radiologic Physics		Medical Physicists		Epidemiologists		Prevention and Screening Technologists		Basic and Translational Scientists		Statisticians		Social Scientists		Regulatory Affairs Specialists	
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CURRENT "TWINNING RELATIONSHIPS"

Name of ICEC Hub:

Name of Hub leader:

IN WHAT RESEARCH GROUPS (NOW OR IN PAST) DO YOU PARTICIPATE:**DO YOU PARTICIPATE (NOW OR IN PAST) IN INDUSTRY SPONSORED TRIALS:****SIGNATURE OF CENTER LEADER / PI:****DATE:****APPLICATION REVIEWED BY:****CENTERS AND ASSOCIATES COMMITTEE:****ACCEPTED****REJECTED****PROVISIONAL****SIGNATURE:****DATE:****APPLICATION REVIEWED BY:****HUB COMMITTEE:****ACCEPTED****REJECTED****PROVISIONAL****SIGNATURE:****DATE:****APPLICATION REVIEWED BY:****ICEC CENTRAL****ACCEPTED****REJECTED****PROVISIONAL****SIGNATURE:****DATE:****COMMENTS:**