Clinical Research Coordinator Council (CRCC)
Information Sheet

Instructions: Please Print Legible

Name: ____________________________
   Last                   First

Department: ____________________________

Employer: VCU ☐  VCUHS ☐

Contact Phone Number: ____________________________

Email address: ____________________________

Official Job Title: ____________________________

Current Position: ____________________________

Please check all the responses that describes your current position:

In your Current Position, Do you perform any or all of the following?

1. YES ☐  NO ☐ Responsible for the conduct of clinical trials involving human subjects under the auspices of a Principle Investigator(s)

2. YES ☐  NO ☐ Actively engaged with study participants

I am interested in participating in Special Projects  YES ☐  NO ☐

Please return information to:
Kimberly Bradley
Manager, Clinical Research Services Coordinator Pool
Email: crcouncil@vcu.edu
Fax: 804 827-0074

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