

ASSOCIATION OF COMMUNITY CANCER CENTERS
2011 David King Community Clinical Scientist Award
Nomination Form

Please submit this form no later than August 25, 2010.

Nominee Information

First Name: _____	Last Name: _____
Title: _____	
Institution: _____	
Address: _____ _____	
Phone: _____	Fax: _____
Email: _____	

Your Information

First Name: _____	Last Name: _____
Title: _____	
Institution: _____	
Address: _____ _____	
Phone: _____	Fax: _____
Email: _____	
Affiliation with Nominee: _____	

Please make sure of the following:

- Letter of recommendation is included.
- Biography and Curriculum Vitae is attached.
- Nominee is not a full-time faculty member at a university, pharmaceutical company or research institution.
- Nominee has proven to be a leader in clinical trials for the development, participation and evaluation of studies
- Nominee has developed new screening, risk assessment, treatment or supportive care programs for cancer patients.
- Number of patients entered into clinical trials:
- Number of studies chaired or lead:
- Number of publications and abstracts written:

Please email, mail or fax letter of recommendation, completed form, bio and CV by August 25, 2010 to:

ACCC / Jason Peller
11600 Nebel Street, Suite 201 Rockville, MD 20852
Email: jpeller@acc-cancer.org; Fax: 301.770.1949