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| **Community Scientist Academy**  **Research Participation Interest Form**  *Please complete the following to let us know in which ways you’re interested in getting involved in the research process with the TRI and UAMS.*  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What ways are you interested in being involved in the research process? **Please mark all that apply.**  * Community Review Board Expert * Community Advisory Board Member * Grant Reviewer * Research team member * Co-Investigator * Community Mentor * Patient & Family Centered Care Advisory Board Member * IRB Community Reviewer * Research Participant * Recruiter for the CSA * Not Interested in becoming involved in the research process at this time  1. Are you interested in participating in any additional or advanced training?  * Yes * No |  |