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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
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