

# Institutional Member Application Form



**GENERAL INFORMATION**

Name of Site Investigator:	
Institution Name:	
Mailing Address:	
Phone:	
Fax:	
Email:	
Website:	

**INSTITUTION TYPE (select from below):**

<input type="checkbox"/>	private
<input type="checkbox"/>	public
<input type="checkbox"/>	academic institution
<input type="checkbox"/>	other – please specify:

**WHAT PROFESSIONALS ARE AVAILABLE AT YOUR INSTITUTION? (select all that apply):**

<input type="checkbox"/>	head and neck surgeon
<input type="checkbox"/>	radiation oncologist
<input type="checkbox"/>	medical oncologist
<input type="checkbox"/>	prosthodontist
<input type="checkbox"/>	maxillofacial surgeon
<input type="checkbox"/>	speech-language pathologist/speech therapist
<input type="checkbox"/>	linguist
<input type="checkbox"/>	research assistant
<input type="checkbox"/>	other - please specify:

**WHAT EQUIPMENT IS CURRENTLY AVAILABLE AT YOUR INSTITUTION? (select all that apply):**

<input type="checkbox"/>	speech recording device (e.g. solid state recorder)
<input type="checkbox"/>	Computerized Speech Lab
<input type="checkbox"/>	Nasometer
<input type="checkbox"/>	PERCI-SARS
<input type="checkbox"/>	Digital Swallowing Workstation
<input type="checkbox"/>	other - please specify:



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**DOES YOUR INSTITUTION HOLD ANY ACCREDITATIONS? (circle one):**

Yes                      No

If Yes, please specify:

**INDIVIDUALS AT YOUR INSTITUTION:**

Please list the names of all individuals who will become part of the Institutional Member group, and their role at your institution. Identify the Site Investigator with an asterisk (\*).

NAME (identify Site Investigator with *)	ROLE

**ATTACHMENTS (please append to your application):**

- |  |   |
|--|---|
|  | Complete the attached Institutional Profile       |
|  | Submit a short 2-page CV of the Site Investigator |