

Academic, Research, and Clinical Network (ARCN) Researcher and Academic Application Form

Fields outlined in red indicate required response

Date:

Nominee Information

First Name

Last Name

Primary E-mail

Secondary E-mail

Province/Territory

Business Phone

Secondary Phone

Professional Information

Title

University/Organization

Department

Expertise

Professional Website

Membership Status

Researcher - an individual who carries out autonomous research activities and has an academic or research appointment with a recognized academic institution or teaching hospital;

Academic - an individual who has an academic appointment with a recognized academic institution or teaching hospital;

Student - Select level



Social Media Information

LinkedIn

Facebook

Twitter

Instagram

Sector(s)

Hold Ctrl to Select Multiple

Current Activities

Current Involvement/Projects

Subject Matter, Grant and/or Funding Information

I have read and understand the ARCN Terms of Reference.

I am submitting this nomination on behalf of another individual and that individual is aware of the nomination.

Nominator Information

Name

E-mail

Biography (2500 Character Maximum)

Relevant Publications (If applicable, Top 3 Representations)

Relevant Awards and Distinctions (If applicable, 2500 Character Maximum)

Miscellaneous (2500 Character Maximum)

Thank-you for your application