

Registration Form

UAB Research Orientation Program

Pittman Center for Advanced Medical Studies
1924 7th Ave South, Birmingham AL 35294

Course Date: _____ **Course Time:** 8:00 AM – 12:00 PM

Name: _____ **Birthdate:** _____

Highest Degree: Bachelors Masters Graduate Other _____

Title: MD Non-MD Resident RN LPN Other _____

Job responsibility: Investigator Nurse Coordinator Non-Nurse Coordinator
Regulatory Financial Management Other _____

Blazer ID: _____ **Department:** _____ **Division:** _____

Campus Add: _____

Phone: _____ **Email:** _____

Background:

No. of years in research and where: _____

What GCP/ICH courses have you taken in the past? _____

Where did you hear about the Research Orientation Program? _____

Have you taken the Research Coordination Training Program (RCTP) course in the past?

Yes No

If you have been involved in research, what has been the study funding source?

Industry (pharma) NIH/Federal Departmental Other _____

What types of studies have you been involved in? Drug studies Device studies

Behavioral studies Registries other _____

Please contact CRSPTtraining@uabmc.edu or call 205-975-2758 for registration.

Limited spaces available. Complete the registration form and email back to above address
