The purpose of this form is to communicate Center for Clinical and Translational Research (CCTR) membership election and Center Director approval to ensure that membership is reflected appropriately.

The applying member must complete all fields, sign Block A, and then route to the [CCTR Administrator](mailto:cctr@seattlechildrens.org) to complete for center approval.

Elected Center: Center for Clinical and Translational Research, 39531

Applicant Name: Click here to enter text.

Applicant Email: Click here to enter text.

Home Institution: Click here to enter text.

Degrees: Click here to enter text.

Appointment/Title (i.e., Assistant Professor): Click here to enter text.

Children’s Employee Number (i.e., Badge #): Click here to enter text.

Effective Date of Election: 9/22/2021

Former Center, if applicable: Choose an item.

Current Employer(s) Choose an item.

Position Type: Principal Investigator (PI)

Do you supervise Children’s staff? Choose an item.

Do you anticipate hiring Children’s staff? Choose an item.

Do you anticipate sponsoring Choose an item.  
non-Children’s employees?

Seattle Children’s/UW Department: Click here to enter text.

Seattle Children’s/UW Division: Click here to enter text.

Approvals:

*(****Blocks A & B required in all cases****; C & D only when form is for a change in affiliation.)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A |  |  |  | C |  |  |  |
|  | Applicant Name | Date |  |  | Center Director, CCTR | Date |  |
| B |  |  |  | D |  |  |  |
|  | Center Business Manager, CCTR | Date |  |  | Center Director, CCTR | Date |  |

Unsure how to fill out this form? Please contact the CCTR Administrator at [cctr@seattlechildrens.org](mailto:cctr@seattlechildrens.org).