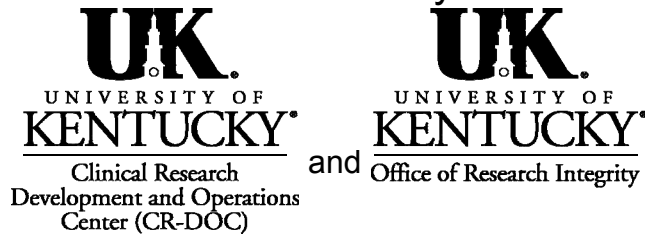


Clinical Research Coordinator 101

Presented by:



Registration

Please fill out this form and fax to
UK CR-DOC by August 8, 2008
FAX: 257-1563

Name and Credentials: _____

Title: _____

Department: _____

Campus Mailing Address: _____

Speed Sort # _____ **E-mail:** _____

Office Phone: _____

Which best describes your current position?

- Clinical Research Coordinator
- Clinical Research Associate
- Research Assistant
- Clinical Trial Monitor
- Grant or Financial Manager
- Student (MS, PhD, Post Doc, etc)
- Administrative Assistant or Staff Associate
- Adm. Management or Staff Officer
- Other (specify) _____

How long have you been involved with clinical research?
(answer in months or years)

On a scale of 1-5, indicate how confident you are in your coordinating abilities.

For questions regarding the course, please contact Ryan Vicini
rlvici2@uky.edu or 323-8545.