

**Nomination Form for Membership  
The Interagency Advisory Panel on Research Ethics**

**Date:** \_\_\_\_\_

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| Nominee's Name and Title<br><hr/>  |
| Institution/Organization<br><hr/>  |
| Address:<br><hr/>  |
| Telephone: (    ) _____ Fax: (    ) _____<br>E-mail: _____   |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| Linguistic ability<br><br>Use the following proficiency levels:<br>1. None    2. Beginner    3. Intermediate beginner    4. Intermediate    5. Functional    6. Fluent<br><br>English:    _____ Read                    _____ Write                    _____ Speak<br>French:    _____ Lire                    _____ Écrire                    _____ Parler  |
| Areas of experience, expertise or knowledge (check all that apply and indicate the relevant discipline(s)* where applicable)<br><br><input type="checkbox"/> research involving humans* _____<br><input type="checkbox"/> research ethics review* _____<br><input type="checkbox"/> research administration<br><input type="checkbox"/> research ethics boards* _____<br><input type="checkbox"/> research ethics scholarship<br><input type="checkbox"/> law<br><input type="checkbox"/> research involving Aboriginals* _____<br><input type="checkbox"/> community representative* _____<br><input type="checkbox"/> research participant* _____<br><br><u>* Relevant discipline(s)</u><br><br>1. Health Sciences                    2. Biomedical Sciences<br>3. Natural Sciences                    4. Engineering<br>5. Social Sciences                    6. Humanities                    7. Interdisciplinary |