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ACTIVE MEMBER:

Clinical Research Professional Engaged in Clinical Trials

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Membership dues: \$75 U.S./year

Membership application for Dr. _____ Mr. _____ Ms. _____ Mrs. _____

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(First, Middle Initial, Last, Degrees, Certifications)

Title _____

Company / affiliation _____

Department _____

Preferred Office _____ Residence _____

Postal address _____

City _____ State/Postal area _____

Zip/mail code _____ Country _____

Ph _____ Fx _____ Alt _____

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I DO NOT wish to be listed in/have access to the On Line Directory (Check) ____

SoCRA is an educational and charitable non-profit corporation
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However, *Your dues are not tax deductible as a charitable contribution*
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Please make your **check** payable to "SoCRA" (Specify US Funds) and mail this application with your signed SoCRA Ethics Statement to:

SoCRA

530 West Butler Avenue - Suite 109, Chalfont, PA 18914 U.S.A.
Phone 800 762 7292 or +1 215 822 8644 Fax +1 215 822 8633
www.SoCRA.org e-mail SoCRAmail@aol.com

PLEASE INDICATE INTEREST AREAS

- Anesthesia
- Cardiovascular
- Clinical Trials
- CNS
- Critical Care
- CRO
- Dental
- Dermatology
- Devices
- Emergency Medicine
- Endocrinology
- GI
- Hematology
- ID/AIDS
- Internal Medicine
- IRB / Regulatory
- Mental Health
- Neurology
- Oncology
- Ophthalmology
- Osteoporosis
- Pediatrics
- Pharmaceutical Oncology
- Radiation Oncology
- Rheumatology
- Statistics
- Transplant
- Urology
- Vaccines

SoCRA Ethics Statement

As a Clinical Research Professional, I recognize and affirm my responsibility to abide by the following basic ethical principles inherent in clinical research:

1. I will respect the human dignity of research participants with regard to self-determination and full disclosure of information throughout the research process.
2. I believe that research participants should be free from harm and exploitation in accordance with the risks and benefits of the research project.
3. I believe that research participants should have the right to receive fair and confidential treatment during the selection process and throughout the research project.
4. Additionally, I will be accountable for adhering to the standards for scientific integrity recognized around the world. This mandates honest and truthful behavior on behalf of myself and by others with whom I deal while engaged in clinical research. I recognize my right and responsibility as a clinical research professional to question suspected falsified data, and if necessary, proceed with appropriate reporting procedures as mandated by the appropriate regulatory agencies.

Signature (please sign)

Signature (please print)

Date

Note: The ethical principles above are based upon the Office for Human Research Protection (OHRP) Belmont Report.