

SWOG CRA Auditor Application

Name: _____

Institution: _____

Telephone # _____ Email Address: _____

Your responsibilities at your institution include:

- Head CRA
- Quality Assurance
- Responsible for solid tumor cases
- Responsible for hematologic cases
- Responsible for Cancer Control cases
- Other: _____

Years of research experience: _____

Prior audit experience: _____

When are you available to do audits? How many days per year? _____

Please **return** completed application, your CV, and a letter of support from your PI stating you have his/her approval to accept this added responsibility.

Email to: Quality Assurance Manager
 Email: gamail@swog.org

If you have questions, please contact Laura Gonzales at the 210-614-8808.