

## SWOG

**Group Chair's Office**  
24 Frank Lloyd Wright Drive  
P.O. Box 483  
Ann Arbor, Michigan 48106

**Operations Office**  
4201 Medical Drive, Suite 250  
San Antonio, Texas 78229

**Policy Memorandum No. 7**  
**Subject:** New Investigator Nomination Process  
**Departments Affected:** All

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**Original Release Date:** July 1985  
**Revision Date:** April 2012

### NEW INVESTIGATOR NOMINATION PROCESS

1. Nominations are considered prior to each Group meeting for Member, CCOP, Affiliate, and Special Member investigators. New investigator nominations must be received in the Operations Office no later than five (5) weeks prior to the date of the next Group meeting. Nominations are reviewed by the Membership Committee, with recommendations made to the Board of Governors. Approval is determined by a simple majority vote of the Board of Governors.
2. The Operations Office must receive all of the following by the deadline in order to process a new investigator nomination.
  - a. Application for New Investigator Form
  - b. Nomination letter from the Principal Investigator
  - c. Copy of the nominee's most recent curriculum vitae, stating whether or not he/she is board certified
  - d. Certification of Education in the Protection of Human Subjects
  - e. New investigator pharmacy information
  - f. Affirmation of Integrity Statement
3. Nominations received in the Operations Office which are incomplete will not be processed until a complete packet is received.
4. New investigator nominees simultaneously nominated for Committee membership must also receive the approval of the appropriate Committee Chair(s). Therefore, copies of the nomination letter and CV must be sent by the PI to the appropriate Committee Chair with a request that the Committee Chair notify the Operations Office of approval to add the nominee to the Committee. Committee nominations will not be acted upon until approval is received from the Committee Chair.

## APPLICATION FOR NEW INVESTIGATOR

PLEASE PRINT or TYPE

INSTITUTION NAME: \_\_\_\_\_

Membership type:  - Member  - Affiliate  - CCOP  - Special Membership

INVESTIGATOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DISCIPLINE/SPECIALTY: \_\_\_\_\_

BOARD CERTIFICATION: \_\_\_\_\_

(Radiation Oncologists must be board certified; please be sure curriculum vitae states certification)

The following information and forms must be completed and attached with this application form before an identification number will be assigned or reactivated by the Operations Office:

- Nomination letter from the Principal Investigator (for Affiliate Program investigators, this letter should come from the Principal Investigator of the sponsoring Member institution)
- Current curriculum vitae (CV)
- Certification of Education in the Protection of Human Subjects
- New Investigator Pharmacy Information (*Investigators who will not register patients are excluded*)
- Affirmation of Integrity Statement

The following form is strongly encouraged, but not required:

- Voluntary Race, Ethnicity, Disability and Gender Data Survey

**NOTE:** Investigators must have a current FDA Form 1572 and supporting documentation on file with the Pharmaceutical Management Branch (PMB) in order to register patients with SWOG.