

RESEARCH COORDINATOR REGISTRY

Please complete all sections and return to the Office of Clinical Research
clinicalresearch@hs.pitt.edu or fax: 412-648-2741

Name: _____

Phone Number: _____ **Alternate Phone Number:** _____

Email Address: _____

Education:

Licensures:

Certifications:

Employer: ___ University of Pittsburgh
 ___ UPMC
 ___ Other: _____

Employment Status:

- ___ Permanent Full Time
- ___ Permanent Part Time
- ___ Temporary Full Time (date assignment is expected to end: _____)
- ___ Temporary Part Time (date assignment is expected to end: _____)
- ___ Casual

Present experience and duties:

Past experience and duties:

Length of experience as a research coordinator: ___ years ___ months

Please check all that apply:

- ___ I am interested in being notified of education programs and events
- ___ I am interested in being notified of clinical research related announcements
- ___ I am interested in being notified of research coordinator employment opportunities
- ___ I am interested in full time positions
- ___ I am interested in part time positions (indicate hours available per week _____)
- ___ I am interested in casual/temporary positions (indicate hours available per week _____)