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| NEALS Membership Application |  |

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| **Name:** |  |
| **Affiliation/Institution:** |  |
| **Position at Institution:** |  |

**Contact & Site Information:**

|  |  |
| --- | --- |
| **Email:** |  |
| **Direct Phone Number:** |  |
| **Site Mailing Address:** |  |
| **Site Phone Number**  *(to be published on the public NEALS website,* [*www.neals.org*](http://www.neals.org)*)* |  |
| **Site URL:** |  |
| **Does Your Site Offer Virtual/TeleVisits?** | **Yes  No** |

**ALS Patient Base**

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| **How many ALS patients total does your site follow per year?** |  |
| **How many new ALS patients has your site seen in the last 12 months?** |  |

**ALS Trial Experience**

*Please list all ALS trials that your site has been associated with. Please add more lines as necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ALS Trial Name** | **Enrollment**  **Start/End Date** | **Target**  **Enrollment #** | **# of Subjects Enrolled** | **# of Subjects Completed** |
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**ALS Trial Personnel**

*Please list all personnel at your site who participate in ALS research. Should your site be selected for NEALS membership, all personnel listed will be considered NEALS members. Please indicate the role of each member (Investigator; Research/Study Coordinator; Clinical Evaluator, Research Nurse; Basic Scientist; etc (personnel may have more than one role)*

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Email** | **Role at Site** |
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**BEFORE YOU SUBMIT:**

**Application for NEALS Membership Checklist**

Letter of Intent

Completed NEALS Application

CV

**Return all application materials as a single pdf document to:**

Beverly Smits, NEALS Program Manager

[bsmits@neals.org](mailto:bsmits@neals.org)