

NEALS Membership Application

Name:
Affiliation/Institution:
Position at Institution:

Contact & Site Information:

Email:
Direct Phone Number:
Site Mailing Address:
Site Phone Number <i>(to be published on the public NEALS website, www.neals.org)</i>
Site URL:
Does Your Site Offer Virtual/TeleVisits? Yes <input type="checkbox"/> No <input type="checkbox"/>

ALS Patient Base

How many ALS patients <u>total</u> does your site follow per year?
How many <u>new</u> 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

Please include another sheet if additional space is needed.

ALS Trial Personnel

Please list all personnel at your site who participate in ALS research on the spreadsheet [found here](#).

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)

BEFORE YOU SUBMIT:

Application for NEALS Membership Checklist

- Letter of Intent
- Completed NEALS Application (including ALS Trial Spreadsheet)
- CV

Return all application materials as a single pdf document to:

Beverly Smits, NEALS Program Manager
bsmits@neals.org

Please send the ALS Trial Personnel spreadsheet as an excel spreadsheet.