

Individual Membership Application

1. **Nominating CIDSCaNN Member:**

2. **Name of Applicant:**

3. **Email:**

4. **Please include a brief paragraph about your background, why you would like to join CIDSCaNN, and what you will bring to CIDSCaNN:**

5. Self-identification:

Are you a trainee? Yes No

Profession:

- MD
- PhD
- RD
- RN
- LPN
- RPN
- NP
- PA
- RSW/PSW
- RPh

Researcher

- MD
- PhD
- RD
- RN
- NP
- RSW/PSW
- RPh

6. **Practice Location:** Hospital:
 Private office/Clinic:

7. **University Appointment:** Yes No
- a. **If yes:** Full-time Part-time Affiliated
- i. Lecturer/Research Associate
- ii. Assistant Professor
- iii. Associate Professor
- iv. Full Professor
- b. **University Name:**

8. **Area(s) of special IBD expertise:**

9. **Indicate sub-committee of interest (Choose your top 3), optional:**

- a. Basic & Translational Research Committee
- b. Clinical Care & Research Committee
- c. Data Management & Integration Committee
- d. Educational Committee
- e. Health Services Research Committee
- f. Patient Engagement & Advocacy Committee
- g. Training & Mentorship Committee

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