

**Individual/Trainee Membership Application**

1) Nominating CIDsCaNN Member:

2) Name of Applicant:

3) Email:

4) Self-identification:

**Care Provider**

- 1. MD
- 2. PhD
- 3. RD
- 4. RN
- 5. LPN
- 6. RPN
- 7. NP
- 8. PA
- 9. RSW/PSW
- 10. RPh

**Researcher**

- 1. MD
- 2. PhD
- 3. RD
- 4. RN
- 5. NP
- 6. RSW/PSW
- 7. RPh

**Trainee (years of study: 2022-202-)**

- 1. MD
- 2. PhD
- 3. Post-doctoral
- 4. Dietician
- 5. RN
- 6. RPN
- 7. LPN
- 8. NP
- 9. PA
- 6. Social Work
- 11. Pharmacist

5) Practice Location: Hospital   
Private office/Clinic

Name:

6) University Appointment:

- a. Yes  Full-time  Part-time  Affiliated 
  - i. Lecturer/Research Associate
  - ii. Assistant Professor
  - iii. Associate Professor
  - iv. Full Professor

University Name:

b. No

7) Area(s) of Special IBD Expertise:

8) OPTIONAL: Indicate Sub-Committee of Interest (may choose more than one)

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