

Become A Member

Please complete the survey below.

Your membership in Frontiers is linked through your email address. If you have previously registered as a member, you will recieve a pop-up alert that indicates "Duplicate Value." You do not need to continue completing the form if you recieve that alert.

Thank you!

Registration date

EMAIL ADDRESS (Your email address will be your unique identifier for all Frontiers services)

(If not using a business email address, access to documents may be limited.)

First name

Last Name

Full Name

ADDRESS

ADDRESS LINE 2

CITY

STATE

ZIP CODE

PHONE NUMBER

Twitter handle

eRA Commons User Name

(For researchers)

ORCID ID

Role	<input type="radio"/> Community Member <input type="radio"/> Faculty/Clinicians <input type="radio"/> Trainee/PostDoc <input type="radio"/> Public/Private Sector <input type="radio"/> Other (deprecated field)
OTHER AFFILIATION	_____ (deprecated field)
Frontiers Role	<input type="checkbox"/> TL1/KL2 Scholar <input type="checkbox"/> TL1/KL2 Mentor <input type="checkbox"/> Frontiers FTE <input type="checkbox"/> Pilot awardee
INSTITUTION	<input type="checkbox"/> CHILDREN'S MERCY KANSAS CITY <input type="checkbox"/> KANSAS CITY UNIVERSITY <input type="checkbox"/> KANSAS STATE UNIVERSITY <input type="checkbox"/> KANSAS UNIVERSITY MEDICAL CENTER, KANSAS CITY <input type="checkbox"/> KANSAS UNIVERSITY MEDICAL CENTER, SALINA <input type="checkbox"/> KANSAS UNIVERSITY MEDICAL CENTER, WICHITA <input type="checkbox"/> SAINT LUKE'S <input type="checkbox"/> THE UNIVERSITY OF KANSAS HEALTH SYSTEM <input type="checkbox"/> UNIVERSITY OF KANSAS, LAWRENCE <input type="checkbox"/> UNIVERSITY OF MISSOURI, KANSAS CITY <input type="checkbox"/> COMMUNITY ORGANIZATION <input type="checkbox"/> PRIVATE/INDUSTRY ORGANIZATION <input type="checkbox"/> OTHER
COMMUNITY ORGANIZATION	<input type="radio"/> JUNTOS <input type="radio"/> UZAZI VILLAGE <input type="radio"/> DOWN SYNDROME INNOVATIONS <input type="radio"/> RAREKC <input type="radio"/> NBC COMMUNITY DEVELOPMENT CORP. <input type="radio"/> LIVEWELL FINNEY COUNTRY <input type="radio"/> COMMUNITY HEALTH COUNCIL OF WYANDOTTE COUNTY <input type="radio"/> MASONIC CANCER ALLIANCE <input type="radio"/> WYANDOTTE COUNTY HEALTH EQUITY TASKFORCE <input type="radio"/> OTHER
PRIVATE ORGANIZATION	_____
ARE YOU THE RECIPIENT OF A PAST FRONTIERS AWARD?	<input type="radio"/> Yes <input type="radio"/> No
HAVE YOU EVER RECEIVED EXTERNAL GRANT FUNDING?	<input type="radio"/> Yes <input type="radio"/> No
PRIMARY AREA OF RESEARCH OR TRAINING	<input type="radio"/> PRE-CLINICAL RESEARCH <input type="radio"/> CLINICAL RESEARCH <input type="radio"/> IMPLEMENTATION RESEARCH <input type="radio"/> POPULATION-BASED RESEARCH <input type="radio"/> BASIC RESEARCH <input type="radio"/> NA
PLEASE ADD UP TO 5 KEYWORDS DESCRIBING YOUR RESEARCH	_____

Keyword 2

Keyword 3

Keyword 4

Keyword 5

WHY ARE YOU INTERESTED IN BECOMING A MEMBER?

- ☐ UTILIZING RESOURCES
- ☐ SEEKING TRAINING
- ☐ SEEKING MENTORSHIP
- ☐ SEEKING COLLABORATORS
- ☐ SEEKING FUNDING
- ☐ DEVELOPING NOVEL METHODS
- ☐ PROVIDING RESOURCES
- ☐ PROVIDING TRAINING OR MENTORING
- ☐ SEEKING RESEARCH SUBJECTS
- ☐ SEEKING PARTNERSHIP FOR MY COMMUNITY
- ☐ OTHER

FOR WHAT OTHER REASON ARE YOU INTERESTED IN BECOMING A MEMBER OF FRONTIERS?

IN WHAT WAYS ARE YOU WILLING TO PARTICIPATE?

- ☐ MENTOR FOR TRAINEES
- ☐ PROTOCOL REVIEW COMMITTEE MEMBER
- ☐ GRANT REVIEW COMMITTEE
- ☐ SHARE EXPERTISE/RESOURCES
- ☐ SERVE ON A PANEL/OTHER COMMITTEE
- ☐ SPEAKER
- ☐ PATIENT OR COMMUNITY ADVISORY BOARD
- ☐ MOCK STUDY SECTION
- ☐ TRAINEE
- ☐ OTHER

IN WHAT OTHER WAYS YOU ARE WILLING TO PARTICIPATE?

WHAT TYPES OF INFORMATION WOULD YOU LIKE TO RECEIVE FROM FRONTIERS?

You can opt-out of specific communication by unchecking the boxes.

- ☐ NEWSLETTER
- ☐ DISCOVERY AND RESEARCH GRAND ROUNDS
- ☐ SEMINARS/WEBINARS
- ☐ FUNDING
- ☐ MOCK STUDY SECTION
- ☐ GENERAL NEWS/UPDATES
- ☐ UPDATES/NEWS FROM FRONTIERS PARTNERS
- ☐ CTSA NEWS
- ☐ OTHER

WHAT OTHER INFORMATION YOU WOULD LIKE TO RECEIVE?

Demographics

Frontiers is committed to supporting a diverse clinical and translational science workforce. Please provide the following information so we can track our progress.

We aim to be inclusive but want to protect your privacy. Data will be stored in a REDCap database. This data will be available to the Frontiers evaluation team. It will not be shared with navigators fulfilling your request or peer reviewers. Data may be reported to Frontiers PIs, Core Leaders, Partner Institution Administrators, and the NIH, but only in the aggregate. Individually identifiable data will not be shared. We will follow research best practices in reporting data for categories with small cell sizes.

Responses to these questions are optional. This data is only reported in the aggregate and individual responses are kept confidential. Frontiers utilizes this information to better understand the make-up of our membership and how we can tailor programs and services to best fit everyone's needs.

What is your current career stage?	<input type="radio"/> Experienced investigator Investigators who have competed successfully as a PI to receive substantial independent NIH funding <input type="radio"/> New investigator Investigators who have not yet competed successfully as a PI to receive substantial independent NIH funding <input type="radio"/> Post-doctoral investigator <input type="radio"/> Graduate student trainee <input type="radio"/> Resident or Fellow <input type="radio"/> Medical student trainee <input type="radio"/> Undergraduate student <input type="radio"/> Research Staff _____ <input type="radio"/> Other _____
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Do you identify as Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race	

What is your race? (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Different identity: _____ <input type="checkbox"/> Prefer not to say
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How would you describe your gender identity? (Check any that apply)	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary/Non-conforming <input type="checkbox"/> I don't see an option that describes me <input type="checkbox"/> Different Identity <input type="checkbox"/> Prefer not to respond
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Additional Gender Identities	<input type="radio"/> agender <input type="radio"/> androgyne <input type="radio"/> demigender <input type="radio"/> genderqueer or gender fluid <input type="radio"/> Two Spirit <input type="radio"/> questioning or unsure <input type="radio"/> additional gender category/identity _____
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Do you think of yourself as (Check one):

- ☐ Straight or heterosexual
☐ Lesbian, gay or homosexual
☐ Bisexual
☐ Queer
☐ Don't Know
☐ Prefer to self-describe _____
☐ Choose not to disclose
-

Do you have a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act?

- ☐ Yes
☐ No
☐ Never
☐ Sometimes
☐ Often
☐ Always
☐ Prefer not to say
-

Do you meet two or more of the criteria for disadvantaged status?

Criteria (below) updated by NIH in 11/2019 Two or more of the following: Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition) Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition) Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition) Have/had no parents or legal guardians who completed a bachelor's degree (see link) Were or currently are eligible for Federal Pell grants (Definition) Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition) Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zipcodes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

- ☐ Yes
☐ No
☐ Prefer not to say
-

Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

- ☐ Yes
☐ No