



The North Texas Primary Care Practice-Based Research Network
Primary Care Research Center / Texas Prevention Institute • UNT Health Science Center

Research Membership Enrollment Form

Name _____ Degree(s) _____

Office Address _____

City _____ Zip _____

Telephone (_____) _____ Extension _____

Fax (_____) _____ Email _____

Specialty: Primary _____

Secondary _____

Board Certified? Yes ☐ No ☐ (Specialty, Year) _____

Are you a member of?

AOA Yes ☐ No ☐

AMA Yes ☐ No ☐

ACOFPP Yes ☐ No ☐

AAFP Yes ☐ No ☐

Other Yes ☐ No ☐ Explain _____

Are you willing to serve as the Network Team Leader at your clinic site? Yes ☐ No ☐

If not, can you list someone who is willing to be? _____

Phone: _____

Have you ever been published in a peer-reviewed medical journal? Yes ☐ No ☐

Have you ever participated in a **clinical** research project? Yes

Please list your research interest _____

Are you a faculty member or a paid employee at any institution, Yes ☐ No ☐

If yes,

- Where: _____
- What is your title/position: _____

Please review your application; sign below using electronic signature or by typing your name; then submit your form via email by clicking on the SUBMIT button at the top of the page.

If unable to submit online please **Download Form and Mail or Fax to:**

www.hsc.unt.edu/research/TPI/PCRC/NorTex/

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