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CENTER for  
ONCOLOGY  
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## Georgia CORE Directory: Clinical Research Professional Update Form

Please complete the form below and email it to ([info@georgiacore.org](mailto:info@georgiacore.org)) or fax it to 404.584.8839. The information provided will be published in the online Georgia Directory of Clinical Research Professional.

### Personal and Organization Information

**Full Name:** \_\_\_\_\_  
*Last, Suffix* *First* *M.I.*

**Organization Name: Work** \_\_\_\_\_  
*Suite #*

**Organization Address:** \_\_\_\_\_  
*Address, Suite #* *City* *State* *ZIP Code*

**Work Phone:** ( ) \_\_\_\_\_ **Work Fax:** ( ) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Website:** \_\_\_\_\_

### Education and Training Information

**College / University 1:** \_\_\_\_\_  
*Degree* *Institution* *City* *State*

**College / University 2:** \_\_\_\_\_  
*Degree* *Institution* *City* *State*

**Training** \_\_\_\_\_  
*(i.e., OCN, CCRC, ect.)* *Certification(s)* *Institution* *City* *State*

**Training** \_\_\_\_\_  
*(i.e., OCN, CCRC, ect.)* *Certification(s)* *Institution* *City* *State*

### Additional Research Information

**Research Interest(s):** \_\_\_\_\_

**Research Affiliation(s):** \_\_\_\_\_

**Professional Distinction(s)/ Societies:** \_\_\_\_\_

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