

**YALE COOPERATIVE CENTER OF EXCELLENCE IN HEMATOLOGY
MEMBERSHIP APPLICATION**

Application Process

1. Each applicant should submit the following 3 items to Heather Casco (heather.casco@yale.edu):
 - a) This application form with an explanation of your research and how it relates to hematology.
 - b) NIH biographical sketch
 - c) Other Support

2. The YCCEH Steering Committee will review and vote on all applications.

4. The applicant will be notified by email of the decision.

5. Membership can be maintained as long as the individual fulfills the criteria necessary for the initial appointment.

Application Form

NAME: _____

ACADEMIC TITLE: _____

DEPARTMENT/SECTION: _____

CAMPUS ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____

FAX: _____

TYPE OF MEMBERSHIP REQUESTED:

Full Associate

DESCRIPTION OF YCCEH-RELATED ACTIVITIES:

Complete this page and provide a description of your hematology related activities.

Please include:

- a). YCCEH-related research and publications
- b). Teaching activities in hematology.
- c). National and/or community service (study sections, editorships, etc) related to hematology.

Please submit a current NIH biosketch and full other support along with this application to:

Heather Casco, heather.casco@yale.edu, YCCEH Coordinator

You may use additional pages if needed.