|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position:** | | | | |  | | | | |  |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Name of Candidate:** | | | | |  | | | | |  |
|  | | | | | | | | | | |
|  | | | | |  | | | | |  |
| **Experience in Pediatric Liver Transplantation:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | |  | | | | |  |
| **Experience in Clinical Research:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | |  | | | | |  |
| **Role at Transplant Center** | | | | |  | | | | |  |
|  | PI |  | | Co-Investigator | |  | Coordinator |  | Other: | |
|  | | | | |  | | | | |  |
| Time in Role: | | |  | | | |  | | | |
|  | | | | |  | | | | |  |
| **Committee Working Group Membership:** | | | | | | | | | | |
|  | No |  | | Yes, specify: | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **SPLIT Presentations (Annual Meeting, Professional Meeting):** | | | | | | | | | | |
|  | No |  | | Yes, specify: | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **SPLIT Publications:** | | | | | | | | | | |
|  | No |  | | Yes, specify: | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Other Experience:** | | | | | | | | | | |
|  | No |  | | Yes, specify: | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Reason why you want to serve in this role:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |