



2025 CBCRP Council Nomination Form

Information About You:

Last Name: _____ First Name: _____ Degree: _____

Organization or Institution: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

What Category Are You Nominating This Person to Fill?:

_____ Survivor/Advocate

_____ Medical Specialist

_____ Non-Profit

_____ Scientist/Clinician

_____ Private Industry

Has the Nominee Acknowledged That She/He is Willing to Serve? _____ Yes _____ No

Information About Nominee:

Last Name: _____ First Name: _____ Degree: _____

Organization or Institution: _____

Address: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Please Provide a Brief Description of Nominee's Experience and Expertise:

Experience:

Expertise:

Enclosed Are: Nomination Letter Nominee's Resume/CV

Submit To: Dr. Sharima Rasanayagam
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University of California
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Oakland, CA 94607
E-mail: CBCRP@ucop.edu