

ADC Personnel Directory information form

Please submit this form whenever there is a change in key personnel at your ADC. E-mail completed form to NACCmail@uw.edu or fax to (206) 616-5927. If you have any questions, please call (206) 543-8637.

A. Form submitted by:

Name _____ Today's date _____

B. ADD or UPDATE an ADC staff member

Please ADD the following new ADC staff member

Please UPDATE an existing ADC staff member's listing

(Note — to update a listing, you need provide only the staff member's name and the information that has changed.)

Staff member's contact information:

Last name _____

First name _____

Academic degree(s) _____

ADC name _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Email _____

Shipping address (if different from above):

Shipping city: _____

Shipping state: _____ Shipping zip: _____

Person's role(s) at ADC (check all that apply):

- ADC Director
- Associate ADC Director
- ADC Administrator
- Clinical Core Leader
- Data Core Leader
- Education/Information Core Leader
- Neuropathology Core Leader
- Other role(s) (specify): _____

Person's core affiliation(s) (check all that apply):

- Administrative Core
- Clinical Core
- Data Core
- Education/Information Core
- Neuropathology Core
- Other core(s) (specify): _____

NACC account (check all that apply):

- No, do not set up access
- Yes, read-only access
- Yes, read/write access for UDS data
- Yes, read/write access for NP data
- Yes, GWAS access
- Delete existing NACC account

C. DELETE an ADC staff member

Last name _____

First name _____

NACC account:

- Delete existing NACC account