

Center for Precision Medicine

Membership Application

Please fill out the form below, and send it to Ruth L. Morales (rlmorale@wakehealth.edu). Please include a recent NIH Biosketch, including current and pending funding, a picture/headshot, and the name of your department head/section chairman.

Last Name:

First Name:

Rank:

Institution Affiliation (Wake Forest faculty, please indicate primary department):

What can the Center do to help you?

What can you do to help and advance the Center?

What is an important and interesting question (clinical question or problem, research topic, basic science) that the Center should consider?