



Community Liaison Committee (CLC)

National Emerging Infectious Diseases Laboratories (NEIDL)

Application to the Community Liaison Committee of the National Emerging Infectious Diseases Laboratories

The National Emerging Infectious Diseases Laboratories (NEIDL) is a part of a national network of secure facilities that study infectious diseases which are, or have the potential to become major public health concerns. NEIDL researchers will perform cutting-edge research on emerging or re-emerging infectious diseases and develop diagnostic tests, treatments, and vaccines. The NEIDL complements the region's reputation as the hub of innovation and as a leader in biomedical research and life sciences.

The NEIDL is seeking applications for new members for its Community Liaison Committee (CLC). The CLC was formed to facilitate communication between the NEIDL and the community and to ensure transparency in the activities of the NEIDL.

The mission of the CLC is to promote a continuing conversation between the community and the NEIDL about the NEIDL's activities and research. This dialogue must be an honest and respectful exchange of information, questions, and concerns intended to build trust and understanding.

Interested individuals are encouraged to submit an application via email to:

Valeda Britton, Executive Director, Community Relations, Boston University Medical Campus Phone: 617-358-9180 • Email: vjbritto@bu.edu

For more information on the NEIDL, please visit www.bu.edu/neidl.

PART I

First Name:		
Middle:		
Last Name:		
Home Address:		
City:	State:	Zip:
Contact Phone #1:		
Contact Phone #2:		
Email Address:		
Organization/Affiliation (if applicable):		

PART II

Personal Statement—The CLC should have broad representation from the community. Please state your reasons for wanting to serve on the CLC and why you should be considered, including but not limited to, local residence, availability, participation and/or leadership in community groups or associations, diversity, languages spoken, affiliation with BU, and/or scientific, medical, or public health expertise. You may use additional paper if needed.

Please write clearly and attach any supporting documentation or materials that might be useful.		
Printed Name:		
Signature:		
Date:		