National Cancer Institute Support Organizations Database

Application Form

The National Cancer Institute's website (www.cancer.gov) features a searchable database of national organizations that provide cancer-related support services and information to patients and their family and friends. If your organization would like to be included in the database, please complete this form and return it to the NCI contact listed below.

- Supplementary materials about your organization may be attached and returned with the form.
- Applications are reviewed several times a year; you will be notified of our decision as soon as possible.
- Inclusion of an organization does not constitute any implied or actual endorsement by the NCI.
- We periodically review organizations in our database; those that no longer meet our criteria will be removed.

To be considered for inclusion, your organization must meet the following criteria.

- ✓ Have as its primary mission the provision of emotional, practical, and/or financial support services or information directly to cancer patients and their loved ones (i.e., the primary mission should not be advocacy or fundraising)
- ✓ Be non-profit
- ✓ Be national in scope
- \checkmark Have a board of directors or an advisory board that includes health professionals
- ✓ Share common goals with the NCI and affirm the importance of scientific research in cancer prevention, detection, and treatment

In addition, your organization's website must

- ✓ be up-to-date, including contact information (email, phone number)
- ✓ consist primarily of non-commercial information (minimal advertising) that is more than an aggregation of links to other websites
- ✓ include a link to a privacy and confidentiality policy that outlines how your organization uses and protects personal information provided by visitors to your website.

Does your organization meet all of these criteria?

If your organization doesn't meet all the criteria and you'd like an exception, please explain:

Please provide us with the following additional information.

Name of Organization:

Address: _____

Telephone Number: _____

Toll-Free Number:
Person Completing Form and Contact Information:
Website URL:
Organization's Email:
Please provide a brief description of your organization (services offered, audiences served):
Is your organization also international in scope? Yes No
Do you have staff available to respond to Spanish inquiries? Yes 🗌 No 🗌
Do you offer Spanish language materials? Yes 🗌 No 🗌

To assist with searching, we assign organizations to one or more categories in the database. **Please check** the services and/or the kind of information your organization offers:

	Information Only	Product or Service	Financial Help
General living expenses			
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Health insurance /			
co-payments			
International service			
Lodging & travel			
Medical supplies, wigs,			
prostheses			
Medication / co-payments			
Scholarships / Camps			
Screening			
Treatment			
Advocacy			
Counseling			
Educational programs			
Health professional referrals			
Legal issues			
Peer/buddy programs			
Support groups			

Return form to: NCI Office of Communications and Public Liaison

- By mail: 9609 Medical Center Drive, Rockville, MD 20850-9760
- By fax: 240-276-7680
- By email: cancer.gov_staff@mail.nih.gov

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