**Career Development Initiative SOM Reevaluation Request Form**

*If you would like the committee to re-review a position, please fill out the below form and return to* [*som-cdi@med.unc.edu*](mailto:som-cdi@med.unc.edu) *within 5 business days of receipt of the mapping outcome letter. All fields labeled with an asterisk are required. Provide all applicable information to support this request in the textboxes.*

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| **Employee Name:** Click or tap here to enter text.  **Requestor Name:** Click or tap here to enter text. |
| **Position Number:** Click or tap here to enter text.  **Original CDI Mapping Determination:**  Assistant Clinical Research Coordinator (Social/Clinical Research Assistant- Journey)  Associate Clinical Research Coordinator (Social/Clinical Research Assistant- Advanced)  Clinical Research Coordinator (Social/Clinical Research Specialist- Journey)  Senior Clinical Research Coordinator (EHRA- NF)  Clinical Research Regulatory Coordinator (Social/Clinical Research Assistant- Advanced)  Senior Clinical Research Regulatory Coordinator (EHRA- NF)  Clinical Research Regulatory Coordinator Manager (EHRA- NF)  Clinical Research Participant Coordinator (Social/Clinical Research Assistant- Advanced)  Senior Clinical Research Participant Coordinator (Social/Clinical Research Specialist- Journey)  Clinical Research Participant Coordinator Manager (EHRA- NF)  Clinical Research Data Coordinator (Social/Clinical Research Assistant- Advanced)  Senior Clinical Research Data Coordinator (Social/Clinical Research Specialist- Journey)  Clinical Research Data Coordinator Manager (EHRA- NF)  Clinical Research Nurse Coordinator (Nurse Consultant- Journey)  Senior Clinical Research Nurse Coordinator (Nurse Consultant-Advanced)  **Reason for Reevaluation Request (check that all apply):**  1. I feel as if the position was mapped too low  *If checked, please also select item(s) 3, 4, or 5, and provide applicable details*  2. I feel as if the position was mapped too high  *If checked, please also check item(s) 3, 4, or 5, and provide applicable details*  3. I forgot to include pertinent information on the mapping intake form.  If checked, please provide the missing information: Click or tap here to enter text.  4. I feel like I misunderstood the mapping intake form and did not fill it out correctly.  If checked, please elaborate on what you misunderstood: Click or tap here to enter text.  5. Other Reason  If checked, please elaborate: Click or tap here to enter text.  **If applicable, add any other comments:** Click or tap here to enter text. |
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