

2008 SURVEY APPLICATION RECORD TRAINING GUIDE

FACILITY AND STAFF CONTACT INFORMATION

The screens for Facility and Staff Contact Information are available in three places to allow for continuous updates by the facility throughout the year: FIPS, SAR, and as a separate document on the Activity Menu in CoC Datalinks. Updating any of these screens in one area will automatically update the screens in the other two areas.

When personnel changes are made for the cancer committee chair, Cancer Liaison Physician, facility or cancer center administrator, cancer program administrator, or cancer registrar, please update the Facility & Staff Contact Information screen so that current contact information can be added to the Cancer Programs database.

FACILITY CONTACT INFORMATION:

Enter or revise facility information. Fields with asterisks (*) are required. Maximum characters allowed per field are listed:

- ***Facility Name:** This field is automatically filled in by system. Information cannot be changed in this field.
- **Facility Name:** Provide only if different from the name provided in the line above. 100 characters.
- ***Address 1:** 40 characters.
- **Address 2:** 40 characters (if needed).
- ***City:** 25 characters.
- ***State:** Select the appropriate state from the “drop-down box”.
- ***Zip:** 10 characters.
- ***Phone:** 12 characters – enter in the following manner: 111-111-1111 (use dashes). Provide the hospital general number, referral number, or an 800 general number.
- **Facility Web site:** 60 characters.
- **Survey Date:** Automatically filled-in by system.
- **Surveyor Last Name, First Name:** Automatically filled-in by system. (A second surveyor name will be displayed for network cancer programs only.)
- **Current Approval Status:** Automatically filled-in by system. This field provides the facility’s current approval status with the CoC.
- **Cancer Center Name:** 100 characters – if different from facility name above.

Click the ‘SAVE’ button to maintain the information in the table.

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FACILITY CONTACT INFORMATION:

*Facility Name	<input type="text" value="CoC Hospital"/>
Facility Name <i>(if different from above)</i>	<input type="text" value="CoC Hospital"/>
*Address 1	<input type="text" value="633 North Saint Clair Street"/>
Address 2	<input type="text"/>
*City	<input type="text" value="Chicago"/>
*State	<input type="text" value="Illinois"/> ▼
*Zip	<input type="text" value="60611"/>
*Phone	<input type="text" value="312-202-5000"/> (example:111-111-1111)
Facility Web site	<input type="text" value="www.facs.org"/>
Survey Date	26-Mar-2007
Surveyor Last Name, First Name	Vicki Chiappetta
Surveyor Last Name, First Name	Yelena Pinskaya
Current Approval Status	3 Year Approval
Cancer Center Name <i>(leave blank if None)</i>	<input type="text" value="CoC Cancer Center"/>
<input type="button" value="Save"/>	

STAFF CONTACT INFORMATION:

The complete contact information for the following staff members is required: Administrator (individual in charge of facility), Cancer Program Administrator, Cancer Committee Chair, Cancer Liaison Physician(s), and the Cancer Registrar. Fields that must be completed are identified with asterisks.

Contact information for the second Cancer Liaison Physician, if appointed, is required if a name has been entered into that specific field. If your facility has a second designated Cancer Liaison Physician, please complete the table.

Cancer Program Administrator is the person who has responsibility for the administrative oversight or who has budget authority for the cancer program. Examples of activities for this position would include, but are not limited to: overseeing the cancer registry, budgeting, staffing, planning, and implementing new activities for the cancer program. The Cancer Program Administrator is not the same person as the cancer committee chair, Cancer Liaison Physician, or the cancer registrar.

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Fields with asterisks (*) must be completed. Maximum characters allowed per field are listed:

- ***First Name:** 40 characters
- ***Last Name:** 40 characters
- **Credentials:** 40 characters (i.e.; MD, PhD, CTR)
- **Title:** 40 characters – title at facility (i.e.; Chief Executive Officer, Medical Director, Registrar)
- **Address 1:** 40 characters (leave blank if same as facility address)
- **Address 2:** 40 characters (leave blank if same as facility address)
- **Address 3:** 40 characters (leave blank if same as facility address)
- **City:** 25 characters
- **State:** Select the appropriate state from the “drop-down box”.
- **Zip:** 10 characters
- ***Phone:** 12 characters – enter in the following manner: 111-111-1111 (use dashes)
- **Phone Extension:** 5 characters (if applicable)
- ***Fax:** 12 characters – enter in the following manner: 111-111-1111 (use dashes)
- ***E-mail:** 60 characters – This information is used for internal purposes. If an e-mail address is not available for this person, enter the e-mail of a designee who can receive e-mail on the individual’s behalf.

Note: All Cancer Liaison Physicians are required to have a functioning e-mail address (preferably a facility based e-mail in lieu of carriers such as hotmail or yahoo.)

Click the ‘SAVE’ button at the bottom of each table to maintain the information. Click the ‘SAVE PAGE’ button to save the screen.

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STAFF CONTACT INFORMATION: Example of registrar information table.

*First Name	<input type="text" value="Reggie"/>
*Last Name	<input type="text" value="Roads"/>
Credentials	<input type="text" value="CTR"/> (example: MD,PhD,CTR)
Title	<input type="text" value="Cancer Program Coordinator"/>
Address 1	<input type="text"/>
Address 2	<input type="text"/>
Address 3	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="Select One"/> ▼
Zip	<input type="text"/>
*Phone	<input type="text" value="312-111-8888"/> (example:111-111-1111)
Phone Ext.	<input type="text"/>
*Fax	<input type="text" value="312-111-3333"/> (example:111-111-1111)
*E-mail	<input type="text" value="RRoads@mc.com"/>