

COC SITE VISIT REVIEWER APPLICATION

DEMOGRAPHIC INFORMATION

Name:

Current mailing address:

City:

State:

ZIP Code:

Phone:

Email address:

Medical Specialty:

Please check the best choice that describes your current status:

Full-time physician

Part-time physician

Oncology Administrator

Other (please describe):

If you are currently practicing, please describe your amount of clinical/administrative/teaching responsibilities:

Do you speak a foreign language? If so, which one(s)?

AFFILIATION INFORMATION

Current Hospital Affiliation Name:

City/State:

Is your facility currently accredited by the Commission on Cancer (CoC)?

APPLICATION INFORMATION

1. How were you referred to the Commission on Cancer?

2. Are you currently an active member of a facility's cancer committee?

2a. If yes, what role do you currently hold with the committee?

2b. How many years have you served this role?

3. If applicable, please provide a brief description of your responsibilities on the cancer committee:

4. Have you previously participated in a CoC Site Visit?

4a. If yes, which year(s)?

5. Describe your public speaking experience and your comfort level in presenting to a large number of cancer programs in diverse settings:

6. Briefly explain three key reasons for why you want to become a CoC Site Visit Reviewer:

7. What strengths and skills do you believe you can bring to the accreditation site visit process?

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8. Rate your computer proficiency, and list computer and software programs (i.e. SharePoint, Microsoft Office, especially PPT) that you have used:

SITE VISIT INFORMATION

1. Circle what you consider your current level of knowledge of the Optimal Resources for Cancer Care: 2020 Standards:

Minimal

Moderate

Expert

2. Circle what you consider your current level of knowledge and experience in using the National Cancer Database reporting tools:

Minimal

Moderate

Expert

3. Which of the CoC Standards do you consider the most challenging for cancer programs and why?

4. What strategies would you recommend to help cancer programs to meet these challenges and earn compliance?

5. List two questions you might ask a Cancer Program Administrator at a site visit:

1)

2)

6. List two questions you might ask a Cancer Liaison Physician at a site visit:

1)

2)

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7. List two questions you might ask a Cancer Registrar and registry staff at a site visit:

1)

2)

8. List two questions you might ask a Chief Executive Officer or other executive leadership at a site visit:

1)

2)

REFERENCES

Please provide two professional references that can verify your experience and involvement at a CoC-Accredited Program:

1) *[Name, Job Title, Facility, Phone Number, Email, Work relation]*

2) *[Name, Job Title, Facility, Phone Number, Email, Work relation]*

SIGNATURES

I authorize the verification of the information provided on this form is correct and accurate.

Signature of applicant:

Date:

Please email this completed application along with your current CV to CoC@facs.org