



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

NATIONAL ACCREDITATION PROGRAM FOR RECTAL CANCER SITE REVIEWER APPLICATION

DEMOGRAPHIC INFORMATION

Name:

Current mailing address:

City:

State:

ZIP Code:

Phone:

Email address:

Medical Specialty and Credentials:

Please circle the best choice that describes your current clinical status:

Full-time physician

Part-time physician

If other, please describe:

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

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)?

Have you previously participated in a CoC Site Visit?

APPLICATION INFORMATION

1. How were you referred to the NAPRC Site Reviewer Program?

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

2a. If yes, what role do you currently hold within the rectal cancer program?

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

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

4. Briefly explain 3 key reasons for why you want to become a NAPRC Site Reviewer:

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5. What strengths and skills do you believe you can bring to the accreditation process?

6. What educational or teaching experience do you have?

7. Rate your computer proficiency, and list computer and software programs (i.e. SharePoint, Microsoft Office, PPT, etc.) that you are familiar with:

SITE VISIT INFORMATION

1. Circle what you consider your current level of knowledge of the NAPRC Standards:

Minimal

Moderate

Expert

2. Which of the NAPRC Standards do you consider the most challenging for rectal cancer programs and why:

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

4. List two questions you might ask a Rectal Cancer Program Director at a site visit:

1)

2)

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

1)

2)

6. List two questions you might ask of the Rectal Cancer Multidisciplinary Team at a site visit:

1)

2)



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Please provide two professional references [*Name, Job Title, Facility, Phone Number, Email, Work relation*]:

1)

2)

SIGNATURES

I authorize the verification that 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:

The National Accreditation Program for Rectal Cancer, NAPRC@facs.org