



CoC-Surveyor Application

Thank you for your interest in submitting an application to join the CoC survey team. Please note the following:

- Candidates must be actively practicing medicine and participating in a CoC-accredited program
- Selection criteria include, but are not limited to: geographic demand for surveys, knowledge of Cancer Program Standards and cancer program activity, computer skills, and time commitment
- Excellent oral and written communication skills are essential

If accepted, I agree to:

- Perform the required number of surveys (as stated on the signed Surveyor Agreement)
- Participate in required webinar/educational training session
- Attend the annual surveyor training;
- Maintain my institution's cancer program accreditation

FIELD STAFF SURVEYOR APPLICATION		
DEMOGRAPHIC INFORMATION		
Name:		
Current mailing address:		
City:	State:	ZIP Code:
Phone:	Email address:	
Medical Specialty:		
Please indicate your current status: <input type="checkbox"/> Full-time physician <input type="checkbox"/> Part-time physician <input type="checkbox"/> Oncology Administrator (Network Surveyor) <input type="checkbox"/> Other (please describe below)		
Are you currently practicing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate your clinical load: <input type="checkbox"/> $\geq 50\%$ <input type="checkbox"/> $\geq 50\%$ (or retired)		
Do you speak a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, 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's Surveyor Program?		
2. Are you currently an active member of a facility's cancer committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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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 Survey? Yes No

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 surveyor:

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

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

Excellent Good Fair Poor

SURVEY INFORMATION

1. What is your current level of knowledge of the *Cancer Program Standards: Ensuring Patient-Centered Care* (2016 Edition) and previous versions:

Minimal Moderate Expert

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

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

4. List two questions you might ask a Cancer Program Administrator at a survey:

5. List two questions you might ask a Cancer Liaison Physician at a survey:

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6. List two questions you might ask a Cancer Registrar and registry staff at a survey:

7. List two questions you might ask a Chief Executive Officer or other executive leadership at a survey:

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

Name

Job Title

Facility

Phone Number

E- mail

Work relation

Name

Job Title

Facility

Phone Number

E- mail

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:

[Karen Stachon](#), Accreditation Technical Specialist, Accreditation and Standards