2019 QOPI® Certification Application

Jenna Campbell and Stephanie Ayala
QOPI® Certification Program Coordinators
Important Notes

- Walkthrough each step of QOPI Certification Application
- Views in this presentation may differ slightly as screenshots were taken via the admin portal
- Do not use your browser’s back arrows to navigate through the application, as it will log your session out
- Presentation reflects walkthrough of a practice who has received an eligible QOPI score in the QCP Track
## QOPI versus QCP

<table>
<thead>
<tr>
<th>QOPI: <a href="mailto:qopi@asco.org">qopi@asco.org</a></th>
<th>QCP: <a href="mailto:qopicertification@asco.org">qopicertification@asco.org</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Round registration</td>
<td>Application questions</td>
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<tr>
<td>Abstraction and Chart eligibility Questions</td>
<td>On-site Survey Concerns</td>
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<td>Specific Module Questions</td>
<td>Policy Document Submission</td>
</tr>
<tr>
<td>QOPI Round Reports</td>
<td>QOPI Certification Program Standards</td>
</tr>
</tbody>
</table>
Key Dates and Announcements

QOPI Certification Application Now Open!
The QCP Application is currently open for newly eligible and in-process applicants. Complete your application today using the QCP Application Guide. Questions? Contact qopicertification@asco.org

QOPI® Certification Program (QCP™) Offers Two Informational Webinars
- QOPI Certification Application Webinar: covers QCP Application process
- QOPI Certification Standards and On-site Survey Webinar: explains how to comply with Standards and prepare for on-site survey

General Data Protection Regulation Affecting EU Practices
To comply with GDPR, QCP provides a patient notice template to download for use at your practice. If you have any questions, please contact qopicertification@asco.org

Program Resources

- VIEW PARTICIPATION GUIDE
- VIEW APPLICATION GUIDE
- VIEW CERTIFICATION FEE TABLES
- VIEW QOPI CERTIFICATION PROGRAM STANDARDS
- VIEW QOPI CERTIFICATION PROGRAM STANDARDS IN SPANISH
- VIEW QOPI CERTIFICATION PROGRAM STANDARDS MANUAL
- VIEW STANDARDS SUBMISSION GUIDE
- VIEW ON-SITE SURVEY LOGISTICS GUIDE
- VIEW QOPI CERTIFICATION FREQUENTLY ASKED QUESTIONS
QCP APPLICATION

APPLY NOW

Find Previous Applications by selecting QOPI Scoring Round - Select QOPI Scoring Round - DOWNLOAD PDF
No application for Round 2 2018 QOPI
Select the QOPI scores your practice will use to apply for QOPI Certification.

Select Round:
- Fall 2017
- Select
- Fall 2017
- Round 2 2018

Submit Request  Cancel
ASCO QOPI
Quality Oncology Practice Initiative

Application Type: Regular Applicant
Score Use: Fall 2017
Change

Overall Quality Score - 75% (Target Overall Quality Score - 75.00%)
Practice: 138628 : Test Practice(Production)
Address: Address Of Test Practice, SCH-DY, New York, 12302, UNITED STATES
Participation Type: PRACTICE
Check below to proceed further.
Attest that you have abstracted charts from all practice sites SEEKING QOPI Certification. 
Attest that you have exhausted all eligible charts for QOPI abstraction. 
Attest that a representative from your practice has participated in at least one of the QOPI Certification educational
Attest that the Site List below contains the name and address of each practice site seeking QOPI Certification.

Practice | Participation For | Minimum Unique Charts | No Of FTE
--- | --- | --- | ---
Test Practice(Production) | QOPI Certification | 95/94 | 2

SAVE & NEXT
Attest that you have exhausted all eligible charts for QOPI abstraction. Yes No

Attest that a representative from your practice has participated in at least one of the QOPI Certification educational webinars. Please add representative’s full name and date of webinar in comment box.

Jenna Campbell 10/11/2018

Attest that the Site List below contains the name and address of each practice site seeking QOPI Certification. Yes No

<table>
<thead>
<tr>
<th>Practice</th>
<th>Participation For</th>
<th>Minimum Unique Charts</th>
<th>No OF PTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Practice(Production)</td>
<td>QOPI Certification</td>
<td>65/64</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODULE NAME</th>
<th>SUBMITTED</th>
<th>TARGET</th>
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</thead>
<tbody>
<tr>
<td>Breast</td>
<td>85</td>
<td>32</td>
</tr>
<tr>
<td>Care at End of Life</td>
<td>65</td>
<td>32</td>
</tr>
<tr>
<td>Colorectal</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Care</td>
<td>65</td>
<td>32</td>
</tr>
<tr>
<td>Non-small cell lung cancer</td>
<td>0</td>
<td>32</td>
</tr>
<tr>
<td>Symptom/Toxicity Management</td>
<td>65</td>
<td>32</td>
</tr>
</tbody>
</table>

Site List:

<table>
<thead>
<tr>
<th>SITE ID</th>
<th>SITE NAME</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practice Account</td>
<td>Address Of Test Practice</td>
</tr>
<tr>
<td>2</td>
<td>Test Site 2</td>
<td>Test Site Address</td>
</tr>
</tbody>
</table>

Total Records: 2
QOPI Certification Agreements

These Agreements describe the terms and conditions that govern your practice’s participation in the QOPI Certification Program.

If your practice is located in the United States, you must complete both a QCP BAA and QCP Participation Agreement. Please use the drop-down menu to select “QCP BAA” and click the “Sign Now” button. Sign the QCP BAA electronically in the application and check your email to complete the e-sign process. Repeat these steps for the “QCP Participation Agreement”.

International practices often require a formal legal review. If your practice is located outside of the United States, please click the ‘Request International QOPI Certification Participation Agreement’ button above.
Please check your inbox to complete signing ASCO-BusinessAssociateandDataUseAgreement.pdf

We will send you an email shortly in order to verify your identity. Please click on the link in that email to complete this transaction. Your signing process will not finish until you complete this verification step.
Please confirm your signature on ASCO-BusinessAssociateandDataUseAgreement.pdf.

To confirm your email address, click on the link below. It will only take seconds.

After confirming your signature, you will receive a signed copy of ASCO-BusinessAssociateandDataUseAgreement.pdf as a PDF.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.
Your e-signing of ASCO-BusinessAssociationDataUseAgreement.pdf has been verified. A copy of the signed document is being sent to you.
ASCO QOPI
Quality Oncology Practice Initiative

Application Type: Regular Applicant
Score Use: Fall 2017

1. Eligibility
2. Agreements
3. Questionnaire
4. Payment
5. Pre-Survey Documents
6. Survey Availability
7. Post-Survey Documents

Select Agreement:
- QCP Participation Agreement

QOPI Certification Agreements

These Agreements describe the terms and conditions that govern your practice’s participation in the QOPI Certification Program. If your practice is located in the United States, new requirement to sign both a QCP BAA and QCP Participation Agreement. Please use the drop-down menu to select “QCP BAA” and click the “Sign Now” button. Sign the QCP BAA electronically in the application and check your email to complete the a-sign process. Repeat these steps for the "QCP Participation Agreement." International practices often require a formal legal review. If your practice is located outside of the United States, please click the ‘Request International QOPI Certification Participation Agreement’ above.

<table>
<thead>
<tr>
<th>SIGNING OPTION</th>
<th>CREATED DATE</th>
<th>AGREEMENT NAME</th>
<th>MAIL SENT TO</th>
<th>SIGNED STATUS</th>
<th>DOWNLOAD</th>
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<tbody>
<tr>
<td>Sign through portal</td>
<td>10/11/2018 2:42:37 PM</td>
<td>QCP BAA V1</td>
<td></td>
<td>signed</td>
<td></td>
</tr>
</tbody>
</table>
An automated email will be sent to the below mentioned email address, with a link to e-sign the QCP agreement:

qopcertification@asco.org

[OK, Cancel]
qcp certification Has Sent You QCPParticipationAgreement-Revised062415withSignatureBlock.pdf to Sign

qcp certification (ASCO) says:
"Sign the Agreement"

Click here to review and sign QCPParticipationAgreement-Revised062415withSignatureBlock.pdf.

After you sign QCPParticipationAgreement-Revised062415withSignatureBlock.pdf, all parties will receive a final PDF copy by email.

If you need to delegate this document to an authorized party for signature, please do not forward this email. Instead, click here to delegate.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.
1. **QOPI Certification Status:**
   - **New Applicant**
   - **Re-Certification**

2. **Practice Information**
   - **Practice Name:**
   - **Practice ID:**
   - **Practice Type:** Test Practice(Production)
   - **Practice Address:**
   - **Test Address State:**
   - **Michigan Direct Phone Number:**
   - **234-567-8900**

3. **Administer Chemotherapy Sites**
   - 1

4. **If there is more than 1 chemotherapy suite at any location, please list the number of chemotherapy suites at the location**

5. **Practice Affiliation**
   - **Academic Full Time**
   - **Private with Academic Affiliation**
   - **Employee**
   - **Private Independent**
   - **Fellowship Program**
Michigan

Direct Phone Number (No dashes please): 1234567893

3. Administer Chemotherapy Sites *

4. If there is more than 1 chemotherapy suite at any location, please list the number of chemotherapy suites at the location.

5. Practice Affiliation *
   - Academic Full Time
   - Private with Academic Affiliation
   - Employee
   - Private Independent
   - Fellowship Program
   - Other (please explain)

7. Are there more than 250 miles between any two sites applying for QOPI Certification? *
   - Yes
   - No

8. Distance between major airport and main office *
   - 0-25 miles
   - Major Airport:

9. Practice Tax ID *
   - 000000000
   - Add Practice Tax ID

10. Do all site share the same tax ID? *
    - Yes
    - No

11. Do all site follow the same policies? *
    - Yes
    - No

12. Is the ownership of all site the same? *
    - Yes
    - No

---

Save & Next Section
13. Do your physicians have control over policies and procedures at the infusion centers where patients receive chemotherapy?
   - Yes
   - No

14. Do all sites use a common electronic medical record?
   - Yes
   - No

15. Do any sites have fewer than two Infusion Registered Nurses on staff during chemotherapy administration?
   - Yes
   - No

16. Do any staff members rotate among sites? Check all that apply.
   - No
   - Yes
   - Advanced Practice Nurse
   - Pharmacist
   - Pharmacy Technician
   - Physician Assistant
   - Registered Nurse (Infusion)
   - Physician
   - Other

17. Who administers the chemotherapy? Check all that apply.
   - Yes
   - No
   - Physician
   - Physician Assistant
   - Advanced Practice Nurse
   - Registered Nurse
   - LPRC/LVN (if checked, your practice is not in compliance with QOPI Certification standards)
17. Who administers the chemotherapy? Check all that apply.
- Physician
- Physician Assistant
- Advanced Practice Nurse
- Registered Nurse
- LPN/LVN (If checked, your practice is not in compliance with QOPI Certification standards)
- Other

18. Who prepares the chemotherapy? Check all that apply.
- Physician
- Physician Assistant
- Advanced Practice Nurse
- Registered Nurse
- Pharmacist
- Pharmacy Technician
- Other

19. Please indicate all routes of chemotherapy being used. Check all that apply.
- Parenteral
- Intraluminal
- Intraperitoneal
- Intravenous
- Other

20. What services other than infusions do you provide to patients? Check all that apply.
- Radiation
- Surgery
- Bone Marrow Aspiration/Biopsy
- Psychological/Social Services
- Financial Services
- Other
Please review the QOPI Certification Standards below and answer all required questions. For definitions of key terms, please refer to the QOPI Certification Standards Glossary.

**DOMAIN 1: CREATING A SAFE ENVIRONMENT - STAFFING AND GENERAL POLICY**

1.1 The healthcare setting has policy to document the qualifications of clinical staff who order, prepare, and administer chemotherapy and documents:

1.1.1 Orders for chemotherapy are signed manually or by using electronic approval by licensed independent practitioners who are determined to be qualified by the healthcare setting.

1.1.1.1 Description of credentialing processes (licensed independent practitioners) and how credentialing is documented.

1.1.2 Chemotherapy is prepared by a licensed pharmacist, pharmacy technician, physician, or registered nurse with documented chemotherapy preparation education, training and annual competency validation. Documentation of qualifications to prepare chemotherapy includes:

1.1.2.1 Description of initial educational requirements and competencies.

1.1.2.2 Description of (at least) annual, ongoing continuing education requirements.

1.1.2.3 Description of competency demonstration and how competency is documented.

1.1.3 Chemotherapy is administered by a qualified pharmacist, physician assistant, registered nurse or advanced practice nurse. Documentation of qualifications to administer chemotherapy includes:

1.1.3.1 Description of initial educational requirements and competencies.

1.1.3.2 Description of (at least) annual, ongoing continuing education requirements.

1.1.3.3 Description of competency demonstration and how competency is documented.

1.1.4 The healthcare setting uses a comprehensive education program for initial educational requirements for all staff who prepare and administer chemotherapy.

1.1.5 At least one clinical staff member who maintains current certification in (age appropriate) basic life support is present during chemotherapy administration. Certification should be from a nationally accredited course. Clinical staff includes staff involved in patient care,
4.3 The health care setting has a policy that requires assessment of each patient’s chemotherapy adherence at clinically meaningful intervals to address any issues identified. Documentation of assessment is available in the patient record.

4.4 The health care setting has policy that requires evaluation and documentation of treatment-related toxicities, dose modification related to toxicities, and how these are communicated before subsequent administration.

4.5 Cumulative doses of chemotherapy are tracked for agents associated with cumulative toxicity.

The standards are not deemed comprehensive and do not account for individual patient variation. It is the responsibility of each administering agent to determine the best methods for chemotherapy administration for each patient. The standards are not medical advice or legal advice. To the extent that the standards conflict with applicable federal, state, or local legal requirements, practitioners should comply with those requirements. The administering agent is solely responsible for, and assumes all risks of, administering chemotherapy drugs notwithstanding any adherence to the standards herein. ASCO and CNS decline any and all liability with respect to the standards and the execution of the standards by any party.

*Based on 2016 Updated American Society of Clinical Oncology/Onco Nursing Society Chemotherapy Administration Safety Standards, including Standards for Pediatric Oncology.

I attest that my practice has reviewed the above standards and we are working towards meeting full compliance.

Yes  No

Save & Previous Section

Save & Next Section
FTE - Full Time Equivalent - the proportion of time a medical oncologist or hematologist provides clinical care relative to a full time schedule

Step 1) FTE Cost Calculation

FTE count is calculated from QOPI registration. If this number has changed please contact: qopicertification@asco.org

- 1-3 FTEs = $3,500
- 4-6 FTEs = $6,000
- 7-9 FTEs = $8,000
- 10-12 FTEs = $10,000
- 13-15 FTEs = $12,500
- 16-18 FTEs = $15,000
- 19-22 FTEs = $18,000
- 23-25 FTEs = $20,000
- 26-30 FTEs = $25,000
- 31-40 FTEs = $30,000
- 41-50 FTEs = $40,000
- 50+ FTEs = Contact QOPI HelpDesk: qopicertification@asco.org with subject line "Invoice Request"

Step 2) Sites Cost Calculation

Please indicate the number of sites being QOPI Certified. This is calculated from QOPI registration.
If this number has changed please contact: qopicertification@asco.org

- 1-3 Sites = No Additional Fee
- 4-5 Sites = $2,600
- 6-10 Sites = $1,600
Step 2) Sites Cost Calculation

Please indicate the number of sites being QOPI Certified. This is calculated from QOPI registration. If this number has changed please contact: qopicertification@asco.org

- 1-3 Sites = No Additional Fee
- 4-5 Sites = $150
- 6-10 Sites = $2,250
- 11-15 Sites = $3,275
- 16-20 Sites = $9,000
- 21+ Sites = Contact QOPI HelpDesk qopicertification@asco.org with subject line "Invoice Request"

Step 3) Supplemental Cost Calculation

Do you have more than 250 miles between any 2 practice sites? *
- Yes • No

More than one infusion suite within your practice site/institution? *
- Yes • No

Practice Volume exceeding 100 patient visits per day? *
- Yes • No

Calculated Supplemental Cost

QOPI Staff will enter the supplemental dollar amount after which an invoice will be generated and sent to you via email.

All Applicants must acknowledge the following: *
I understand that if a re-survey observation is required, an additional fee of $3,500 will be incurred by the practice.

• Yes, I understand

Save & Previous Section
FTE - Full Time Equivalent - the proportion of time a medical oncologist or hematologist provides clinical care relative to a full time schedule

Step 1) FTE Cost Calculation

FTE count is calculated from QOPI registration. If this number has changed please contact: qopicertification@asco.org

- 1-3 FTEs = $5,500
- 4-6 FTEs = $6,000
- 7-9 FTEs = $9,000
- 10-15 FTEs = $10,000
- 16-20 FTEs = $12,500
- 21-25 FTEs = $14,000
- 26-30 FTEs = $16,000
- 31-40 FTEs = $18,000
- 41-50 FTEs = $20,000
- 50+ FTEs = Contact QOP Help Desk qopicertification@asco.org with subject line "Invoice Request"

Step 2) Sites Cost Calculation

Please indicate the number of sites being QOPI Certified. This is calculated from QOPI registration. If this number has changed please contact: qopicertification@asco.org

- 1-3 Sites = No Additional Fee
- 4-5 Sites = No Additional Fee
- 6-10 Sites = $7,600
Pre-Payment Approval Request

Your request has been sent to QOPI Certification Staff for pre-payment approval. Once your practice has been approved to proceed to the payment milestone you will have access to the invoice and payment information in the QCP application.

X Close
Payment Mode:
- [ ] Online
- [ ] Check

Please make check payable to QOPI Certification Program and mail via USPS to the following address:

QOPI Certification Program at Institute for Quality, LLC
P.O. Box 890237
Charlotte, NC 28289-0237

Please include a copy of your invoice with your check and be sure to write your Site Name and Site ID on your check.

Amount: $2500.00

[ ] Submit
[ ] Cancel
We have received your payment request and you will be notified when your check is received. Please complete Step 5 while we wait to receive your payment.

Please contact qppicertification@asco.org with any questions.
<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Clinical Staff Qualifications Policy</td>
<td>Pending</td>
</tr>
<tr>
<td>1.7</td>
<td>Missed Appointment Follow-Up Policy</td>
<td>Pending</td>
</tr>
<tr>
<td>1.8</td>
<td>24/7 Triage Policy</td>
<td>Pending</td>
</tr>
<tr>
<td>2.1</td>
<td>Patient Consent Policy</td>
<td>Pending</td>
</tr>
<tr>
<td>3.5</td>
<td>Intrathecal Chemotherapy Preparation Policy</td>
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<tr>
<td>3.6</td>
<td>Intrathecal Chemotherapy Administration Policy</td>
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<td>3.11</td>
<td>Extravasation Management</td>
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<td>4.1</td>
<td>Emergent Treatment Policy</td>
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<td>4.2</td>
<td>Initial Oral Chemotherapy Adherence Policy</td>
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<tr>
<td>4.3</td>
<td>Ongoing Oral Chemotherapy Adherence Policy</td>
<td>Pending</td>
</tr>
<tr>
<td>4.4</td>
<td>Chemotherapy Toxicity Evaluation and Documentation Policy</td>
<td>Pending</td>
</tr>
</tbody>
</table>
Please acknowledge you have reviewed steps 1-5 of the application and all information is accurate to the best of your knowledge. Once you have reviewed these steps, check off the attestation, and then click Validate and Submit Application. Once you validate and submit the application, you will no longer be able to make edits to steps 1-5. You must select preferred survey dates on the next page to finalize the application.

- [ ] I attest that I have reviewed Steps 1-5, and I acknowledge that all information is accurate to my knowledge

[Validate and Submit Application]
Are you sure, you want to submit your application?

Confirm  Cancel
QOPI Certification On-Site Survey Availability

Please provide your practice's availability for an On-Site Survey by answering the questions below.

All new and re-certifying practices are required to participate in an On-Site Survey. The assigned Surveyor will assess your practice's compliance with the QOPI Certification Standards through review of medical records and practice policies, brief interviews with staff to confirm practice procedures, and observation of chemotherapy preparation and administration.

Please submit your availability for an On-Site Survey to occur within the next 1-12 weeks by answering the questions below. If your practice requires a short notice survey, or if you have any questions regarding your certification timeline, please contact us at qopicertification@asco.org.

Within four weeks of your application submission, your practice will be notified of your On-Site Surveyor assignment. Please note that QOPI Certification surveys typically are

not scheduled between the Thanksgiving holiday and the end of the year.

1. Which day(s) of the week are most optimal for the On-Site Survey? Please use the checkboxes below to select day(s) of the week that best suits practice operations.

   - Monday
   - Tuesday
   - Wednesday
   - Thursday
   - Friday

   Note: At least five IV chemotherapy patients should be seen on the days selected.

2. Preferred Survey Dates: Use the calendar tool below to select either single dates or date ranges that your practice is available for an On-Site Survey. The dates you select below should occur at least 5 weeks after the date your application is submitted.

First Preference: [ ]
2. Preferred Survey Dates: Use the calendar tool below to select either single dates or date ranges that your practice is available for an On-Site Survey. The dates you select below should occur at least 5 weeks after the date your application is submitted.

- First Preference:
- Second Preference:
- Third Preference:
- Fourth Preference:
- Fifth Preference:

3. Optional Blackout Dates: Please use the calendar below to enter dates that are not available for your On-Site Survey.

Please click the submit button below once you have reviewed and verified the information entered in your online application for QOPI Certification. A notification will be sent to QCP Admin after submission and your application will no longer be editable.

Save On-Site Survey Dates  Download QCP Application
QOPI Certification On-Site Survey Availability

Please provide your practice's availability for an On-Site Survey by answering the questions below.

All new and re-certifying practices are required to participate in an On-Site Survey. The assigned Surveyor will assess your practice's compliance with the QOPI Certification Standards through review of medical records and practice policies, brief interviews with staff to confirm practice procedures, and observation of chemotherapy preparation and administration.

Please submit your availability for an On-Site Survey to occur within the next 5-12 weeks by answering the questions below. If your practice requires a short notice survey, or if you have any questions regarding your certification time line, please contact us at qopicertification@asco.org.

Within four weeks of your application submission, your practice will be notified of your On-Site Surveyor assignment. Please note that QOPI Certification surveys typically are not scheduled between the Thanksgiving holiday and the end of the year.

1. Which day(s) of the week are most optimal for the On-Site Survey? Please use the checkboxes below to select day(s) of the week that best suits practice operations.
   - [ ] Monday
   - [x] Tuesday
   - [ ] Wednesday
   - [ ] Thursday
   - [ ] Friday

2. Preferred Survey Dates: Use the calendar tool below to select either single dates or date ranges that your practice is available for an On-Site Survey. The dates you select below should occur at least 5 weeks after the date your application is submitted.

   - First Preference: 04/16/2019 - 04/19/2019
   - Third Preference: 05/07/2019 - 05/09/2019
   - Fourth Preference: 06/20/2019 - 06/22/2019
   - Fifth Preference: 05/03/2019 - 05/10/2019
2. Preferred Survey Dates: Use the calendar tool below to select either single dates or date ranges that your practice is available for an On-Site Survey. The dates you select below should occur at least 5 weeks after the date your application is submitted.


3. Optional Blackout Dates: Please use the calendar tool below to select dates or date ranges that your practice is NOT available for an On-Site Survey.

My Practice is NOT available for an On-Site Survey on the following date(s) within the next 3-12 weeks:

A. 04/22/2019 - 04/22/2019
B. 04/22/2019 - 04/22/2019
C. 04/05/2019 - 04/05/2019

Please click the submit button below once you have reviewed and verified the information entered in your online application for QOPI certification. A notification will be sent to QCP Admin after submission and your application will no longer be editable.

Save On-Site Survey Dates
Download QCP Application
Please add comments below, only if you want to convey any additional information to the QCP staff.
2. Preferred Survey Dates: Use the calendar tool below to select either single dates or date ranges that your practice is available for an On-Site Survey. The dates you select below should occur at least 5 weeks after the date your application is submitted.

First Preference:
04/16/2019 - 04/19/2019

Second Preference:
04/14/2019 - 04/17/2019

Third Preference:
05/07/2019 - 05/10/2019

Fourth Preference:
05/20/2019 - 05/22/2019

Fifth Preference:
05/09/2019 - 05/10/2019

3. Optional Blackout Dates: Please use the calendar tool below to select dates or date ranges that your practice is NOT available for an On-Site Survey.

My Practice is NOT available for an On-Site Survey on the following date(s) within the next 5-12 weeks:

A. 04/22/2019 - 04/22/2019
B. 05/01/2019 - 05/02/2019
C. 05/05/2019 - 05/06/2019

Please click the submit button below once you have reviewed and verified the information entered in your online application for QOPI Certification. A notification will be sent to the QOPI Admin after submission and your application will no longer be editable.

[Submit button]

[Download QOPI Application button]
<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Clinical Staff Qualifications Policy</td>
<td>Pending</td>
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<tr>
<td>1.2</td>
<td>Chart Documentation Elements</td>
<td>Pending</td>
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<td>1.3</td>
<td>Patient Assessment Elements</td>
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<td>1.4</td>
<td>Psychosocial Assessment</td>
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<td>1.5</td>
<td>Information about financial reso...</td>
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<td>2.3</td>
<td>Patient Education Process before</td>
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Note: Practices are only required to check off PHI attestations and submit documentation for partially met and not met standards based on your on-site survey results. All met standards can be left blank. Select "Upload" to add documents to pre-loaded Standards below. Click on a Standard to expand it. Select "View" under the "Action" column to review uploaded documents. Once all documents have been uploaded for each unmet standard click "Send Review Request" to notify QOP staff. Please contact qopcertification@asco.org for any concerns.
### Standard 1.1: Clinical Staff Qualifications Policy

#### Uploaded Documents - 01

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#### Standard 1.2: Chart Documentation Elements

- **Pending**

#### Standard 1.3: Patient Assessment Elements

- **Pending**

#### Standard 1.4: Psychosocial Assessment

- **Pending**

#### Standard 1.5: Information about financial resources

- **Pending**

#### Standard 1.6: Patient Medication List and Review

- **Pending**

#### Standard 1.7: Missed Appointment Follow-Up

- **Pending**

#### Standard 1.8: 24/7 Triage Policy

- **Pending**

#### Standard 2.1: Patient Consent Policy

- **Pending**

#### Standard 2.2: Informed Consent Documentation

- **Pending**

#### Standard 2.3: Patient Education Process before Admission

- **Pending**

Note: Practices are only required to check off PHI attestations and submit documentation for partially met or not met standards based on your on-site survey results. If a standard can be left blank, select "upload" to add documentation. Uploaded standards below. Click on a standard to expand it. Select "view" under the "Action" column to view uploaded documents. Once all documents have been uploaded, click on standard "send review request" to notify QOPI staff. Please contact qopecertification@asco.org for any concerns.
Your Review Request has been sent for approval.

Note: Practices are only required to check off PHI attestations and submit documentation for partially met and not met standards based on your on-site survey results. All met standards can be left blank. Select "Upload" to add documents to pre-loaded standards below. Click on a standard to expand it. Select "View" under the "Action" column to review uploaded documents. Once all documents have been uploaded for each unmet standard click "Send Review Request" to notify QOPI staff. Please contact qopi@asco.org for any concerns.

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Thank You!

- Any further questions, call or email the QOPI Certification Team at:
  qopicertification@asco.org | 571-483-1669