QTP Summer 2023 Application

Quality Training Program Application

Course Structure

The Quality Training Program (QTP) is a 6-month program that includes five days of in-person (unless noted otherwise) learning across
three sessions, as well as hands-on learning at the participants' practices. To ensure a well-rounded experience, sessions include
seminars, case examples, and small group exercises.
Participants who complete the course are eligible for CME credits. The application below is for the 2023 Summer QTP Session, and will follow
the below session meeting schedule:

- Learning Session 1: July 13 - 14, 2023
- Learning Session 2: September 21 - 22, 2023
- Learning Session 3: December 8, 2023

Learn more about the program on the main QTP page, and please contact qualitytraining@asco.org if you have any questions.

Instructions

1. Submit the information requested below and review all program policies. All information must be submitted in one sitting and cannot be saved by the system. Therefore it is suggested that you save your application in a text file for retrieval later. Note, a practice or institution core team consists of at least two (2) and no more than four (4) applicants. The first applicant must be the physician team leader and an ASCO member.

2. Upload resumes/CVs for all applicants and one (1) statement of support from your leadership (described below) within this application before submitting.

3. If your practice/institution is selected to participate in the program, **participation will be contingent on full payment of fees** before the first in-person learning session.

Sample

* 1. Applicant 1 (Team Lead) Information

Name

Email Address

Phone Number

* 2. Degree

* 3. Job Title/Position

* 4. Fellow

- ◯ Yes
- ◯ No

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* 5. Applicant 1 Resume/CV

Choose File | Choose File | No file chosen

* 6. Applicant 2 Information

Name

Email Address

Phone Number

sample

* 7. Degree

* 8. Job Title/Position

* 9. Fellow

- ◯ Yes
- ◯ No

* 10. Applicant 2 Resume/CV

Choose File | Choose File | No file chosen

* 11. Do you have additional team members to include in your application (teams may have up to 4 members)?

sample

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Additional Applicants

12. Applicant 3 Information

Name	
Email Address	
Phone Number	

13. Degree

14. Job Title/Position

15. Fellow

- ◯ Yes
- ◯ No

16. Applicant 3 Resume/CV

Choose File | Choose File | No file chosen

17. Applicant 4 Information

Name	
Email Address	
Phone Number	

18. Degree

19. Job Title/Position

20. Fellow

- ◯ Yes
- ◯ No

Sample

21. Applicant 4 Resume/CV

Choose File Choose File No file chosen

22. Applicant 5 Information

Name

Email Address

Phone Number

23. Degree

24. Job Title/Position

25. Fellow

- ◯ Yes
- ◯ No

26. Applicant 5 Resume/CV

Choose File Choose File No file chosen

Sample

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Application Continued

* 27. Practice/Institution Information

Company

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

* 28. Organization/Admin Contact

Name

Company

Email Address

Phone Number

* 29. Job Title/Position

* 30. Briefly describe your practice/institution and patient population.

sample

* 31. What is the organizational structure of your practice/institution?*

- ◯ Private community practice
- ◯ Private integrated group practice
- ◯ Institutional, nonacademic
- ◯ Academic practice (with teaching, research)
- ◯ Academic community-based practice
- ◯ Other (please specify)

* 32. Indicate the medical specialties in the practice/institution. (Check all that apply)

- ☐ Hematology/Oncology
- ☐ Surgical Oncology
- ☐ Radiation Oncology
- ☐ Gyn Oncology
- ☐ Pediatric Hematology/Oncology

Other (please specify)

* 33. How many oncology physicians are in the practice/institution?

34. Is the practice/institution currently registered to participate in ASCO's Quality Oncology Practice Initiative (QOPI®)?

- ◯ Yes
- ◯ No

sample

* 35. Does your practice/institution provide any quality improvement training to clinical and/or administrative employees?

◯ Yes

◯ No

* 36. QTP Summer 2023 will have the following meeting dates:

- Learning Session 1: July 13 - 14, 2023
- Learning Session 2: September 21 - 22, 2023
- Learning Session 3: December 8, 2023

Will all applicants attend the in the in-person learning sessions? (attendance is required by all team members)

◯ Yes

◯ No

* 37. What does your team hope to learn from participating in the ASCO Quality Training Program

* 38. In a brief narrative, please describe the problem your team wants to address in your project.

sample

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Explanation for Planned Absence From Learning Session(s)

* 39. If you replied no, that your entire team will not be able to attend ALL of the learning sessions, please explain why

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Statement of Support

Please upload a statement of support, written and signed by the leadership of your practice/institution.

The statement of support should indicate:

- Willingness to protect time for applicants' travel to/from and participation in the three in-person learning sessions, the virtual
- coaching sessions and project work during the Quality Training Program.
- Commitment to a quality improvement project at the practice/institution.
- How quality improvement training for the proposed team will contribute to the practice/institution in the long term.

* 40. Statement of Support

Please upload a PDF of your signed Statement of Support

Choose File Choose File No file chosen

sample

ASCO Quality
Training Program

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Terms & Conditions

Program Fees and Policies

If selected to participate, the accepted applicant practice/institution team must notify and confirm with ASCO of the intent to participate within 10 calendar days of receiving

email notification of being selected.

The applicant practice/institution selected to participate is responsible for full payment of program fees. Travel, lodging and incidentals for the three in-person sessions at ASCO Headquarters in Alexandria, Virginia are additional and are at the participant's expense.

Payment fees are **not refundable or transferrable**. Payment of fees is made after a practice/institution is notified of selection into the program and before the first in-person learning session. The fees cover the duration of the Quality Training Program.

Accepted applicants are expected to fully participate in all aspects of the Quality Training Program. No substitutes will be allowed to participate in the in-person trainings in place of accepted applicants.

41. Where did you first learn of ASCO's Quality Training Program?

Other (please specify)

42. Who referred you?

* 43. If accepted to the Quality Training Program, do you give permission for ASCO to share information about your project on the QTP Web page?

- ◯ Yes
- ◯ No

* 44. I have read and understand the terms and conditions and wish to submit my team's application. (Quality Training Program FAQs)

- ☐ I Agree

* 45. Please select one of the following options to indicate your preference for receiving email updates about ASCO QTP (you may opt out at any time):

- ◯ Yes, I would like to receive email updates.
- ◯ No, I do not wish to receive email updates.

Sample

sample