

Z4099 Surgeon Credentialing Checklist

To be completed by surgeon:

Date form submitted: ____/____/____

Surgeon name: _____

Surgeon phone: _____ Surgeon email: _____

Institution name: _____ Institution CTEP ID: _____

CRA name: _____ CRA email: _____

ACOSOG member? Yes No, participating through CTSU

Thoracic Surgery Credentialing

Surgeons must meet one of the following criteria. Documentation specified for each criterion must accompany the checklist. Check all that apply:

- Membership in General Thoracic Surgery Club. Criteria for membership include:
 - Surgeons who have obtained specialty certification in thoracic surgery by the American Board of Thoracic Surgery or the Royal College of Surgeons, or other official certifying organization;
 - Surgeons who have been in practice for a minimum of two years beyond the completion of formal training in thoracic surgery, and devote at least 50% of their practice to general thoracic surgery;
 - Surgeons whose list of all operations performed in the year prior to application has been certified by the chief(s) of surgery at their institution(s).
- Board-certified cardiothoracic surgeon with $\geq 50\%$ of surgery practice devoted to general thoracic surgery.
- Surgeon not meeting the above criteria who is submitting the following for review:
 - Case list of operative experience for the previous year
 - Operative and pathology reports for five sublobar resection procedures done during the previous year

Brachytherapy Credentialing for Surgeons

Each participating surgeon at sites intending to use brachytherapy must meet at least one of the following criteria. Sites not intending to use brachytherapy may check the first box and skip to the submission instructions. Documentation specified for each criterion must accompany the checklist.

- No brachytherapy will be used (skip to submission instructions)
- Enrolled a patient in ACOSOG Z4032 study. NOTE: If treatment planning or personnel have changed since participation in Z4032, then brachytherapy credentialing must be repeated.
- Attended an ACOSOG Brachytherapy Workshop. Include emailed documentation from ACOSOG of attendance.
- Viewed the training video on seed placement and successfully completed the quiz on the Z4099 page of www.acosog.org. No documentation is necessary - the test results will be sent to the study chair for approval.
- Observed a SR + brachytherapy case by an approved surgeon. Include written documentation of participation.

Submission Instructions

The Z4099 Surgeon Credentialing Checklist and all required supporting documents will be submitted via Fax or email to:

ACOSOG Site Coordinator

Phone: 507-284-9565

Fax: 507-293-1150

Email: rstacosogsite@mayo.edu

To be completed by reviewer:

- Surgery credentialing approved
- Surgery credentialing not approved; reason for denied approval: _____
- Brachytherapy credentialing approved
- Brachytherapy credentialing not approved; reason for denied approval: _____
- Not applicable – brachytherapy will not be used.

Reviewer signature: _____ Date of review: ____/____/____