



CANCER TREATMENT RADIATION/NUCLEAR MEDICINE SUPPLEMENTAL APPLICATION

This application must be completed in conjunction with the
CNA Allied Health Care Facilities Common Application

Instructions

1. Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If more space is required, continue on a separate sheet of the applicant's letterhead and indicate the question number.

1. Name of Applicant: _____

2. Is the applicant accredited/approved by:

- American College of Radiology
- American College of Surgeons Commission on Cancer
- American College of Radiation Oncology
- Joint Commission on the Accreditation of Healthcare Organizations
- Other: List _____

If accredited/approved by an outside agency, forward copy of most recent report with application.

3. Type of Services (Check all that apply)

Alternative Treatments/Services	Number of Treatments	
	Diagnostic	Therapeutic
Cytostatic Therapy		
Endorphine Receptors Therapy		
High Dose Methotrexate		
Insulin Primed Potentiation Therapy		
Metabolic Oncolysis (Hyperthermia) Therapy		
Mind-Body Medicine		
Naturopathic Medicine		
Nutritional		
Pain Management		
Urea Therapy		
Other: Describe:		
Chemotherapy		
Computed Tomography		
Cryotherapy		
Endoscopy		
Fluoroscopy		
Nuclear Therapy		
Laser		



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Linear/Particle Accelerator		
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	Number of Treatments	
	Diagnostic	Therapeutic
Mammography		
Radiation Therapy		
Internal radiotherapy (brachytherapy) – radioactive implants		
External radiotherapy (teletherapy) – external beam therapy, gamma knife		
Stereotactic radiosurgery (SRS)		
Stereotactic radiotherapy (SRT)		
Intensity modulated radiation therapy (IMRT)		
Three-dimensional imaging		
Respiratory gating		
Surgery (If performing surgery, complete Ambulatory Surgery Centers Application)		
Radiology		
Other: Describe		

- a. Does the applicant own or lease a megavoltage radiation therapy equipment for external beam therapy (e.g. linear/particle accelerator or 60Co teletherapy unit)? Own Lease NA
- b. Does the applicant own or lease a gamma knife? Own Lease NA
- c. Electron beam or superficial X-ray equipment suitable for treatment Own Lease NA
- d. Simulator Own Lease NA
- e. Brachytherapy equipment Own Lease NA
- f. Computer dosimetry equipment Own Lease NA

4. Staff Qualifications

Position	FTE's	Contracted/Employed	Qualifications/Certifications
Medical director			
Medical oncologist			
Radiation oncologist			
Radiation physicist			
Dietitian			
Dosimetrist			
Nuclear Medicine therapist			
Nurse			
Radiation therapist			
Radiation Therapy technologist			



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Simulation Technologist			
Social worker			

5. Policies and Procedures - Are there written policies and procedures reviewed annually and authorized in writing by management for the following:

- Radiation overdose/underdose
- Geographic miss
- Wrong site
- Radiation burn
- Radiation necrosis
- Equipment calibration and maintenance program
- Medical emergency protocols
- Clinical protocols for administration of treatments

AUTHORIZATION

Signature in full

Date

Name - please print

Agency Name and Address	Person submitting application	Telephone Number	E-Mail
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**This product will be underwritten in one of the CNA property/casualty companies.
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