



# APPLICATION GUIDE FOR REACCREDITATION



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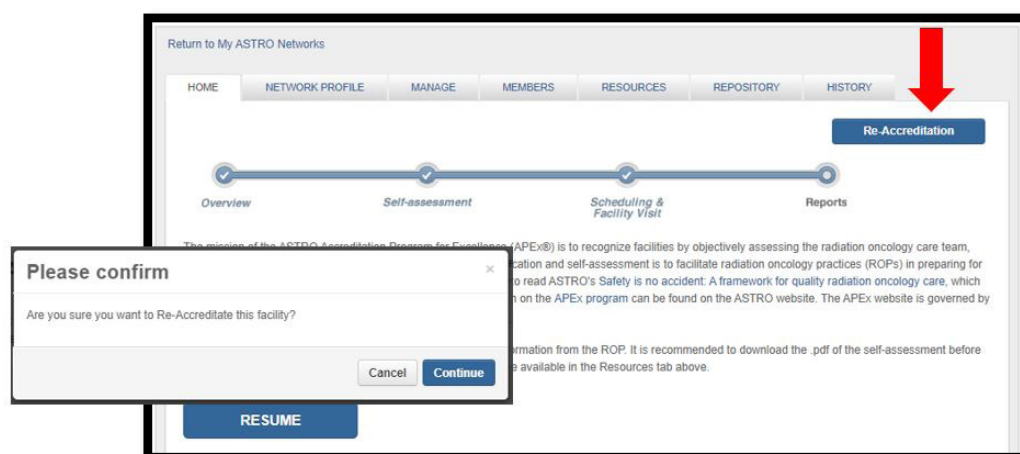
# Before Starting the Application

If your practice has more than one administrator in the APEX Portal from the last accreditation cycle, choose one administrator to complete the application. Once your practice begins the application, all other members of the practice will be locked out of the APEX Portal until the application phase is complete and ASTRO has processed your payment.

Additionally, once you start the application, you will not have access to the Resources tab of the APEX Portal until access to the Self-Assessment has been granted. Before starting your application, ASTRO suggests that you download the Reaccreditation Guide and Medical Tracking Worksheet to begin your practice's Self-Assessment preparation.

## Starting the Application

When you are ready to begin the application, the chosen APEX administrator will sign in to the APEX Portal and click the blue 'Reaccreditation' button. Click continue to confirm the start of the application.



The application will pre-populate information from the previous accreditation cycle. During each step, you will have the opportunity to review the data and update it as required.

## Step 1 – Selecting a Network

**Note:** While completing the application within the APEX Portal, always use the 'previous' or 'back' buttons within the portal application window. Never use the 'back' button on your browser.

Before continuing with the application, download these documents from the initial landing page:

1. **Facility Data Collection Form:** A pdf document to send to each satellite facility (if applicable) to aid in updating the application.
2. **Facility Agreement and Business Associate Agreement:** Download a copy of both legal agreements and send them to your legal team. Your legal representative should review the agreements while the application is being updated.

## NETWORK TYPE SELECTION

On the pre-registration page, define your practice (network):

- If you are reapplying with a single facility, select ☒ Single Network
- If you are reapplying with more than one facility, select ☒ Multiple Networks

## NETWORK QUALIFICATIONS

If you select 'Multiple Networks,' you will be presented with the Network Qualification window. This will enable your practice to determine if the satellite location(s) are eligible for a multi-facility practice application. Select each item that applies to your multi-facility practice.

**Qualifications**

*Note: Although a multi-facility practice may be covered under one application, accreditation determinations will be made for each facility independently.*  
*All of the following criteria will be used to determine if a multi-facility practice can apply for all locations to be covered by the same accreditation application.*

Check all options below that apply to your facilities:

- ☐ All of the facilities are located within a 50 mile radius of the main facility.
- ☐ All of the facilities have common policies and procedures for key evidence indicators.
- ☐ All of the facilities have a medical director who is responsible for each facility and one individual from practice leadership who is responsible for the culture of safety standard operating procedure.
- ☐ All of the facilities have the same corporate ownership.

After selecting Single Network or Multiple Network, and all your multi-facility qualifications (if applicable), click [NEXT >](#)

**Note:** Your satellite facilities must meet all four qualifications, which include:

1. All facilities are located within a 50-miles radius of the main facility.
2. All facilities have common policies and procedures (SOP) for key evidence-indicators, including:
  - SOP for each treatment modality as applicable to the ROP
  - SOP that defines a process and timeline for individuals who are eligible, but not currently certified, to achieve certification
  - SOP for Culture of Safety
  - SOP for radiation survey requirements pre-/post-treatment for brachytherapy and unsealed radioactive sources
  - SOP on infection control
  - SOP of intradisciplinary peer review
3. All facilities have a medical director, who is a radiation oncologist, responsible for each facility.
4. An individual or committee from within radiation oncology practice leadership who is responsible for overseeing the operations of the multi-facility practice, including the Culture of Safety.

If a qualification is not met, you will receive the message below. If you need assistance regarding eligibility, including satellites outside the 50-mile radius of the main facility, please contact [APExSupport@astro.org](mailto:APExSupport@astro.org) for further information regarding satellite eligibility.

**Does Not Qualify**

The facilities you want to accredit do not appear to qualify for multi-facility registration because the following criteria were not met:

- All of the facilities are located within a 50 mile radius of the main facility.
- All of the facilities have common policies and procedures for key evidence indicators.
- All of the facilities have a medical director who is responsible for each facility and one individual from practice leadership who is responsible for the culture of safety standard operating procedure.
- All of the facilities have the same corporate ownership.

If you have any questions regarding a multi-facility registration, please contact us at: [APExsupport@astro.org](mailto:APExsupport@astro.org)

[< TRY AGAIN](#)

## Step 2 – Selecting and Naming Networks

**Note:** Use the Facility Data Collection Form for the main and satellites to assist with completing the rest of the application.

### SELECTING YOUR NETWORK

This page will auto-populate each facility's name and location from the previous accreditation cycle's application.

Review your facility(s) name and location, update any information and add/remove any satellites to the application (if applicable).

Add A Network

**Add a Network:** Use this to add additional satellite(s) (if applicable).



**Edit Tool:** Use this to edit the facility's name and/or location by opening the facility's creation window.



**Delete Tool:** Use this to permanently delete a satellite. Only use this if the facility is no longer a part of your multi-facility practice. If the name or location has changed, use the edit tool.

Once all facilities information is correct, click **NEXT >**

### NAMING MAIN AND SATELLITE FACILITIES

Each facility in the APEX Portal must have a unique facility name. When adding or updating any facility's name, you must use specific naming conventions. This includes facilities within the same multi-facility practice. Please refrain from using generalized names, even if that is your facility's name. Here are some examples:

Complete Name	Incomplete Name
✓ John Smith Memorial Cancer Center	✗ Memorial Cancer Center
✓ Southwest Oklahoma Regional Cancer Center	✗ Regional Cancer Center
✓ University of Omi Radiation Oncology Clinic	✗ Radiation Oncology Clinic
✓ Portland Comprehensive Radiation Oncology	✗ Comprehensive Radiation Oncology

When adding an additional satellite(s), you may receive an error stating that this facility already exists. This could happen if you name is too generalized or the same as another facility in the program.

**Note:** Remember, how each facility is listed on the application is how they will be known within APEX and appear on accreditation materials. If applying as part of a larger network or corporation, try to include that within the name.

# Step 3 – Application Review

## APPLICATION LIST

Review the information from the previous accreditation cycle for each facility listed in the application. If you are applying as a multi-facility practice, your main facility will be listed first.

**For facility(s) from the previous application:** Click the [Review Application](#) to review the auto-populated information from the previous accreditation cycle. This information can be updated as required.

**For new satellites:** Click the [Complete Application](#) to complete the six-page electronic form for the new facility.

**Note:** All facility information must be reviewed/completed to proceed to the next step. The Next button will not activate until they have been reviewed.

Pre-registration Select Network(s) Application Agreement Payment

**Your Networks**

Main Network Name: APEX Main  
Physical Location: 123 Main Street  
Anytown, PA 12345  
Phone: 4120000000  
Website: [Review Application](#)

Network Name: APEX Satellite 1  
Physical Location: 789 Lost Way  
Anytown, PA 12345  
Phone: 1000000000  
Website: [Complete Application](#)

< PREVIOUS NEXT >

## NAVIGATION

While updating or adding information to the ROPs application, you may at any time:


[CANCEL](#) Discard any changes using the cancel button.


[SAVE AND FINISH LATER](#) Save your current application to finish later.

[SAVE AND CONTINUE](#) Save and proceed to the next page of the application.

**Note:** all require fields must be completed before progressing to the next page.

In several locations you will have the option to add additional fields for information:

 To add additional fields.

 To delete additional fields.

## NETWORK APPLICATION FORM – OVERVIEW

Each facility listed within the application will have an individual six-page electronic form that must be completed separately. It is imperative that the information is accurate, as the data will affect information in the Self-Assessment phase.

## NETWORK APPLICATION FORM – FACILITY TYPE AND KEY PERSONNEL

Review the previously listed key personnel in your practice and update as required. In a multi-facility practice, the key personnel can be the same for each facility or different, depending how your practice would like them listed.

If nothing has changed, click 'Save and Continue' to move to the next page of the application.

**Note:** When completing the 'Type of Facility' please choose the correct type for each satellite. For example, if the main is an academic but the satellite is a community practice associated with the main, the satellite should be listed as a private/community type of facility.

## NETWORK APPLICATION FORM – PATIENTS TREATED AND SITES OF TREATMENT

Review and update:

- Types of treatment sites
- Annual new patients to your facility for both adult and pediatrics
  - A new patient is considered brand new to your facility and not patients who have returned for further treatment (i.e., a patient treated in the first course for lung cancer and a second course for metastatic brain would count as one patient).
- Pediatric patients are classified by your practice's guidelines, but standard classification is patients under 18 years of age.

## NETWORK APPLICATION FORM – MODALITIES AND TECHNIQUES

Review and update each treatment modality/technique used by the radiation oncology department at this facility (see note below).

Use the additional text fields below if there is a treatment modality/technique treated within your radiation oncology department that is not listed. This does not include classifications of treatment techniques/modalities (i.e., total body irradiation (TBI) would not be a separate technique but would be considered External Beam – 3-D CRT).



**Note:** Only list treatment techniques/modalities that are supervised by the radiation oncologist from start to finish. If the procedure is performed outside the radiation oncology department, without the direct supervision of the radiation oncologist or medical physicist, do not list it as a part of the accreditation application (e.g., unsealed radioactive source treatment completed in nuclear medicine without the direct supervision of the radiation oncologist and medical physicist should not be included).

## NETWORK APPLICATION FORM – EQUIPMENT

Update the treatment equipment list to reflect the current equipment commissioned and in use within the facility.

External validation may be satisfied using a company providing physics services or when performed by an outside qualified medical physicist using independent calibration equipment. If the initial external validation can not be located, upload the oldest external validation that your practice has for the equipment.

**To remove equipment from the list:** Click the removal button, but please note it will remove from the bottom up, per the functionality of the portal.

*Example:* To remove the Trilogy above, when clicking the removal button, it will remove the CT simulator and require you to update the Trilogy line to the CT information. ASTRO recommends transferring the CT simulator information in the Trilogy line first and then click the removal button to delete the duplicate CT.

**Note:** As a part of the APEX accreditation process, it is important to list all equipment used to treat patients at the facility. This includes all **simulation, treatment** and **brachytherapy** equipment.

## NETWORK APPLICATION FORM – HEALTH RECORDS AND TREATMENT PLANNING SYSTEMS

Review and update the electronic health record(s) (EMR/ EHR) and treatment planning system(s) (TPS) used within the facility.

If not listed, use the option below each section to record any additional system(s).



## NETWORK APPLICATION FORM - PHYSICIANS

Review and update the physician list to include radiation oncologist(s) that are treating patients at this facility. Only include those who have at least 80% of clinical time spent doing direct patient care within the last calendar year.

- For radiation oncologists that split their time equally between two satellites, include their name on the physician list for both.
- Any radiation oncologist listed will require medical record review of patients treated at that facility. If the radiation oncologist only provides coverage, then do not include them on this facility's list.

**To remove a radiation oncologist from the list:** Click the removal button, but please note it will remove from the bottom up with each click, per the functionality of the portal.

*Example:* To remove Jessica Lang, MD from the list above, clicking the removal button will remove both Steve White, MD and Heidi Flynn, MD as well before removing Dr. Lang. For this removal, ASTRO recommends transferring Steve White, MD into Jessica Lang, MD's spot and then click the removal button to delete the line on the bottom with the duplicate Steve White, MD.

Once the physician list is updated, click **SAVE AND FINISH**

APEX Main

APEX Network Application Form

\* Indicates Required Field / Question

Page 6

Please complete the following registration questions.

**Physicians**

Please list each physician located at your facility below. To add more, click the "+" icon. To delete, click the "-" icon.

Up to 25 physicians may be entered. For the purpose of the APEX Application, a physician is 80% clinical practice, and has practiced at the facility for > 12 months.

First Name	Last Name	Professional Designation
John	Smith	MD
Jessica	Lang	MD
Heidi	Flynn	MD
Steve	White	MD

< -

< PREVIOUS SAVE AND FINISH LATER SAVE AND FINISH

## APPLICATION REVIEW AND ADDITIONAL SATELLITE(S)

After completing the main facility's application, repeat Step 3 for each satellite facility within the multi-facility practice. As stated previously, any satellite that was included within the previous accreditation cycle, the application information will auto-populate to assist in a quick review. Any new satellites will require all information to be entered manually.

Pre-registration Select Network(s) Application Agreement Payment

**Your Networks**

Main Network Name:	APEX Main
Physical Location:	123 Main Street Anytown, PA 12345
Phone:	4120000000
Website:	
<a href="#">Review Application</a>	

Network Name:	APEX Satellite 1
Physical Location:	789 Lost Way Anytown, PA 12345
Phone:	1000000000
Website:	
<a href="#">Review Application</a>	

Reminder! It is suggested that you review all network registrations before continuing. Click the Review Application button for each network to review the corresponding registration information.

< PREVIOUS NEXT >

**Note:** Before continuing, it is important to review your practice's application. Do not continue until you have reviewed each facility's six-page electronic form and confirmed that all the information is up to date and accurate. If not, you may go back and make the necessary changes.

Click **NEXT >** to proceed, once all the information is correct.

## Step 4 – Legal Agreements

**Note:** New legal agreements must be signed each time your practice applies for APEX accreditation. Legal agreements signed during the prior accreditation cycle are no longer valid and need to be resigned.

During the initiation of the application, the legal agreements (APEX Facility Agreement and Business Associate Agreement) should have been sent to your legal team for review. Once both have been reviewed and your legal department has authorized acceptance of the documents, you may electronically sign the agreements by clicking each box:

☐ I agree to the Facility Agreement

☐ I agree to the Business Associate Agreement

Enter the first and last name, along with the title of the individual with the authority to sign the agreements. Enter the title of your organization (e.g., practice name, corporate name or collective name) and the details of your HIPPA officer.

The screenshot shows a web application interface for the APEX Program Agreement. At the top, a progress bar indicates the current step is 'Agreement', with previous steps 'Pre-registration', 'Select Network(s)', and 'Application' marked as complete. The main content area is titled 'APEX Program Agreement' and includes a warning to review legal agreements. It lists two documents: 'Facility Agreement' and 'Business Associate Agreement'. A paragraph of legal text follows, stating that the undersigned certifies on behalf of the Applicant Entity/Covered Entity. Below this, there are two lines of text: 'By clicking here ☒ I agree to the Facility Agreement' and 'By clicking here ☒ I agree to the Business Associate Agreement'. The form then contains input fields for the signatory's name (first and last), their title, and the organization name. Below this, there is a section for the 'HIPAA Privacy Officer (optional)' with input fields for their name, phone number, and email address. At the bottom right, there are buttons for '< PREVIOUS' and 'NEXT >'.

Pre-registration Select Network(s) Application Agreement Payment

**APEX Program Agreement**

Please review these legal agreements in their entirety before accepting.

- Facility Agreement
- Business Associate Agreement

The undersigned certifies, on behalf of the Applicant Entity/Covered Entity, that they have read the application, agreements and associated materials and agree to abide by the terms of these Agreements and to the policies and rules of ASTRO, including but not limited to the APEX Accreditation procedures. The undersigned hereby certifies that they are authorized by the Applicant Entity/Covered Entity named below to submit this application and agree to the Agreements (above) on behalf of Applicant Entity/Covered Entity (and all satellites, if applicable). The undersigned further certifies that all information hereby submitted is correct to the best of the undersigned's knowledge.

By clicking here ☒ I agree to the Facility Agreement

By clicking here ☒ I agree to the Business Associate Agreement

John Smith APEX Main Practice

Applicant Entity/Covered Entity: APEX Main

**HIPAA Privacy Officer (optional)**

Julia Brown 412-412-4124 Julia.Brown@APEX.com

< PREVIOUS NEXT >

# Step 5 – Payment

**Note:** Do not send any payment to the ASTRO office.

## INVOICE

The final cost of accreditation may not display in the portal if additional fees (e.g., satellites outside the 50-mile radius) or discounts (e.g. discount rate for 10+ practices in the APEX program) are applicable, or if you are opting for the partial payment plan. In all instances, your practice should request an invoice so as not to delay your payment. Please contact ASTRO staff at [APExSupport@astro.org](mailto:APExSupport@astro.org) for an invoice.

Once your request is received, ASTRO staff will email the invoice to the primary contact within the APEX application.

## PAYMENT BY CHECK

If paying by check, please follow the instructions on the APEX Portal payment page. All payments must be submitted using the payment options and addresses listed on the payment page. Payment usually take 1-2 weeks to clear through the banking system before ASTRO staff process the payment in the APEX Portal.

ASTRO will not receive payments at the ASTRO office, and any sent will be returned to your practice as undeliverable.

## PAYMENT BY CREDIT CARD

If paying by credit card, please email ASTRO staff at [APExSupport@astro.org](mailto:APExSupport@astro.org). The staff will direct you to how to submit a payment over the phone.

## PAYMENT CONFIRMATION

Once your payment has been processed, ASTRO staff will upload a copy of your APEX receipt to the Repository tab of the APEX Portal and access to the Self-Assessment phase of the program is granted.

### Payment / Invoice

#### APEX Payment Instructions

Your non-refundable fee for the ASTRO Accreditation for Excellence (APEX®) is \$19,000.00. The application fee is comprised of a base fee for one facility \$14,000 and an additional \$5,000 for each additional satellite.

#### PAYING BY CHECK:

Enter your name, facility address and phone number in the cardholder information below.

Use the File/Print Screen function to capture this payment information page and keep as your receipt of payment. Include a paper copy of this screen print with your check and mail to one of the following addresses below:

Please remit in US Dollars, from a US Bank to: American Society for Radiation Oncology

#### Mail:

American Society for Radiation Oncology  
PO Box 418075  
Boston, MA 02241-0875

OR

#### Overnight Courier:

Bank of America Lockbox Services  
ASTRO #418075  
MA5-527-02-07  
2 Morrissey Blvd.  
Dorchester, MA 02125

Please note that when paying by check, you will not be able to click the "Submit" button. You will be notified by automated email once your payment has been processed so that you may continue to the Self-assessment.

# APEX Portal

After your payment has been processed, you may access the APEX Portal and the Self-Assessment phase. Your practice may begin the Self-Assessment immediately. All previous team members with access to the APEX Portal will have their rights restored to the previous access level. To access the APEX Portal, click the access button seen below.

**Note:** For information on completing the Self-Assessment phase of the program, please see the Reaccreditation Guide located in the Resources tab of the APEX Portal.

NETWORK	MEMBERS ENROLLED	
APEX Main	1	<a href="#">Access</a>
APEX Satellite 1	1	<a href="#">Access</a>