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# RO-ILS Enrollment Form

## INSTRUCTIONS:

Please complete to the best of your abilities and email this form to [roils@astro.org](mailto:roils@astro.org).

**Sections I, II and III are required** in all instances and indicated with a red asterisk (\*).

Within five to seven business days upon receipt, you will receive communication from Clarity PSO initiating enrollment and the next steps for contracting. Please contact ASTRO ([roils@astro.org](mailto:roils@astro.org); 703-286-1604) for any questions.

## I. \*PRACTICE SETTING

*This is the organization enrolling in RO-ILS and contracting with Clarity.*

Practice name: \_\_\_\_\_

Practice type:

- ☐ Academic/University System
- ☐ Private Practice/Community-based system
- ☐ Government

Total number of facilities joining RO-ILS as part of this practice: \_\_\_\_\_

Does the practice collect/submit safety data to any of the following systems? (Select all that apply)

- ☐ Hospital-based incident learning system/patient safety organization
- ☐ Radiation oncology-specific local incident learning system
- ☐ None, we will only be reporting to RO-ILS

## II. \*PRACTICE CONTACTS

### **Authorized Representative**

*The Authorized Representative is the designated person with authority to sign contracts with Clarity.*

Name: \_\_\_\_\_ Credential(s): \_\_\_\_\_ (e.g., MD, PhD, BS)

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Including Ext.): \_\_\_\_\_

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### RO-ILS Liaison

*This Liaison is the primary contact and is responsible for RO-ILS enrollment and participation.*

Name: \_\_\_\_\_ Credential(s): \_\_\_\_\_ (e.g., MD, PhD, BS)

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Including Ext.): \_\_\_\_\_

### Key Contacts

*These individual(s) will be included in the enrollment process for targeted onboarding. Ultimately, they may help facilitate participation; therefore, it may be helpful to include a representative for each member of the radiation oncology team.*

Name	Email Address

### III. \*FACILITY

Please provide information about the first or “main” (if applicable) site under this practice that will participate in the RO-ILS program. If you have more than one facility, complete the additional pages found at the end of the form. The total number of facilities listed in Part III should match the number provided in Part I. Please list the formal, unique name for each facility (include the practice name, if necessary).

1	Facility Name: _____
	Address: _____
	City: _____ State: _____ Postal Code: _____
	Facility type:
	<input type="radio"/> Free standing/Satellite Clinic
	<input type="radio"/> Hospital
	Facility size based on annual total number of unique patients:
	<input type="radio"/> Small (0-499)
	<input type="radio"/> Medium (500-999)
	<input type="radio"/> Large (1000-1499)
	<input type="radio"/> Jumbo (1500+)
	Number of full-time radiation oncologists: _____ FTE (e.g., 5 FTE or 2.5 FTE)

### IV. OTHER INFORMATION

Please provide any additional, relevant information you would like RO-ILS to know about the practice. You may also list any questions you may have regarding the program.

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## IIIB. FACILITIES, CONTINUED

*If you have more than one facility enrolling under this practice, please complete this section. If your practice has more than seven facilities, please contact [roils@astro.org](mailto:roils@astro.org), who can provide a different method to collect this information. As a reminder, the total number of facilities listed in part III should match the number provided in Part I.*

2

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility location:

- ☐ Free standing/Satellite Clinic
- ☐ Hospital

Facility size based on annual total number of unique patients:

- ☐ Small (0-499)
- ☐ Medium (500-999)
- ☐ Large (1000-1499)
- ☐ Jumbo (1500+)

Number of full-time radiation oncologists: \_\_\_\_\_ FTE (e.g., 5 FTE or 2.5 FTE)

3

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility location:

- ☐ Free standing/Satellite Clinic
- ☐ Hospital

Facility size based on annual total number of unique patients:

- ☐ Small (0-499)
- ☐ Medium (500-999)
- ☐ Large (1000-1499)
- ☐ Jumbo (1500+)

Number of full-time radiation oncologists: \_\_\_\_\_ FTE (e.g., 5 FTE or 2.5 FTE)



4

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility location:

- ☐ Free standing/Satellite Clinic
- ☐ Hospital

Facility size based on annual total number of unique patients:

- ☐ Small (0-499)
- ☐ Medium (500-999)
- ☐ Large (1000-1499)
- ☐ Jumbo (1500+)

Number of full-time radiation oncologists: \_\_\_\_\_ FTE (e.g., 5 FTE or 2.5 FTE)

5

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility location:

- ☐ Free standing/Satellite Clinic
- ☐ Hospital

Facility size based on annual total number of unique patients:

- ☐ Small (0-499)
- ☐ Medium (500-999)
- ☐ Large (1000-1499)
- ☐ Jumbo (1500+)

Number of full-time radiation oncologists: \_\_\_\_\_ FTE (e.g., 5 FTE or 2.5 FTE)



6

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility location:

- ☐ Free standing/Satellite Clinic
- ☐ Hospital

Facility size based on annual total number of unique patients:

- ☐ Small (0-499)
- ☐ Medium (500-999)
- ☐ Large (1000-1499)
- ☐ Jumbo (1500+)

Number of full-time radiation oncologists: \_\_\_\_\_ FTE (e.g., 5 FTE or 2.5 FTE)

7

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Facility location:

- ☐ Free standing/Satellite Clinic
- ☐ Hospital

Facility size based on annual total number of unique patients:

- ☐ Small (0-499)
- ☐ Medium (500-999)
- ☐ Large (1000-1499)
- ☐ Jumbo (1500+)

Number of full-time radiation oncologists: \_\_\_\_\_ FTE (e.g., 5 FTE or 2.5 FTE)