

ASCO Patient Centered Cancer  
Care Certification Program

# ASCO Patient Centered Cancer Care Certification Program Application Portal User Guide

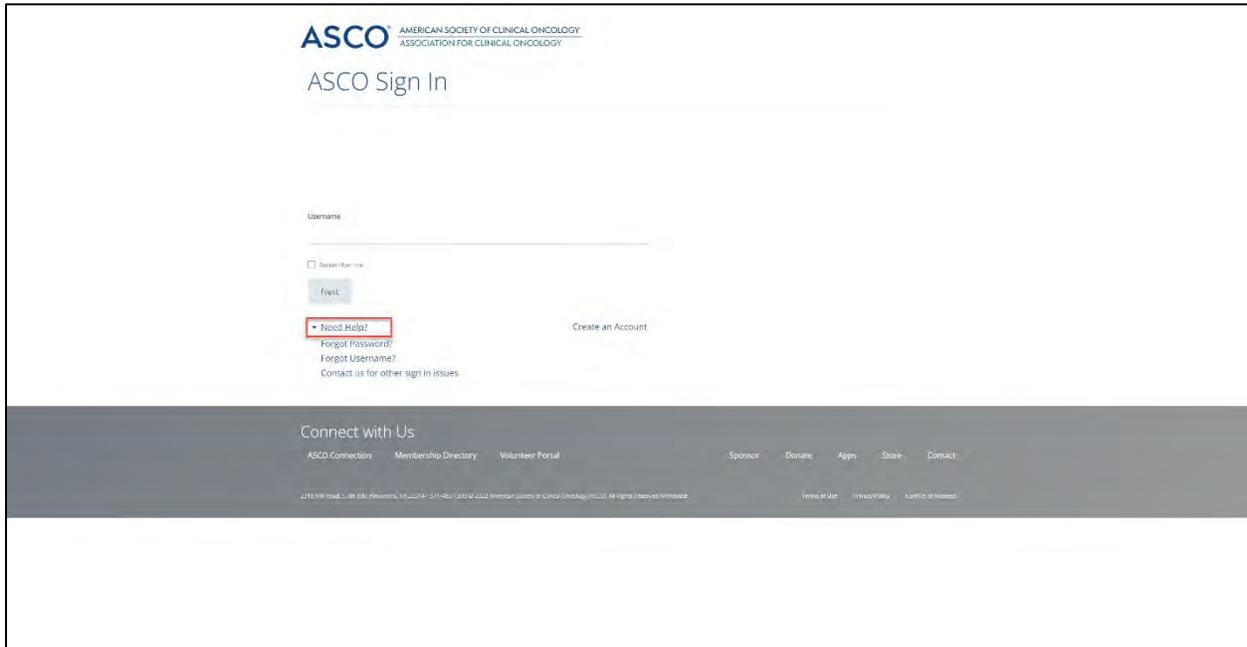
**Version: June 30, 2023**

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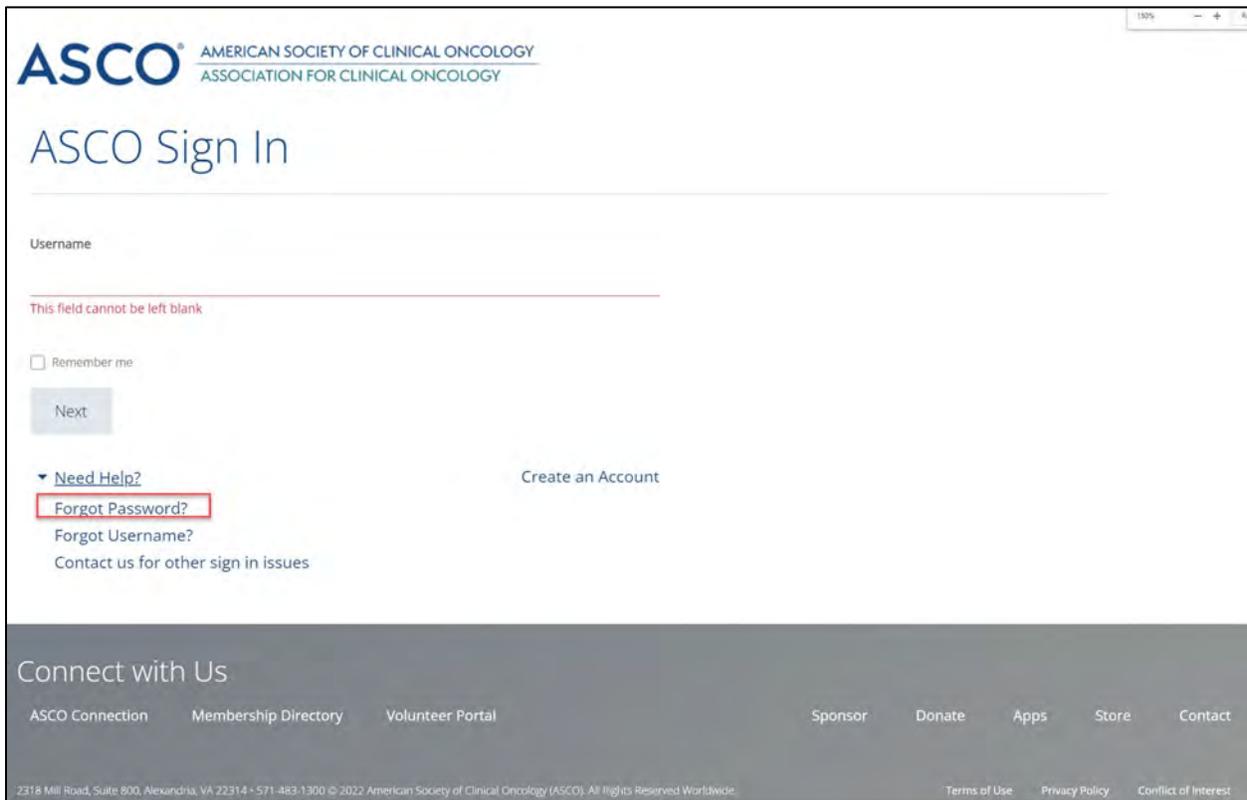
## Logging in to Certification Portal

1. Login to the [ASCO Certification Portal](#) using ASCO username and password. Users can reset passwords as needed by clicking on Need Help button.



The screenshot shows the ASCO Sign In page. At the top, the ASCO logo and name are displayed. Below the logo is the text "ASCO Sign In". There is a text input field for "Username". Below the input field is a checkbox labeled "Remember me". To the right of the input field is a "Next" button. Below the "Next" button is a dropdown menu labeled "Need Help?" which is highlighted with a red box. Below the dropdown menu are links for "Forgot Password?", "Forgot Username?", and "Contact us for other sign in issues". To the right of the "Next" button is a "Create an Account" link. At the bottom of the page, there is a "Connect with Us" section with links for "ASCO Connection", "Membership Directory", "Volunteer Portal", "Sponsor", "Donate", "Apps", "Store", and "Contact".

2. If you forgot your password, then click on the forgot password.



The screenshot shows the ASCO Sign In page. At the top, the ASCO logo and name are displayed. Below the logo is the text "ASCO Sign In". There is a text input field for "Username". Below the input field is a red error message: "This field cannot be left blank". Below the input field is a checkbox labeled "Remember me". To the right of the input field is a "Next" button. Below the "Next" button is a dropdown menu labeled "Need Help?". Below the dropdown menu is a link for "Forgot Password?" which is highlighted with a red box. Below the "Forgot Password?" link are links for "Forgot Username?" and "Contact us for other sign in issues". To the right of the "Next" button is a "Create an Account" link. At the bottom of the page, there is a "Connect with Us" section with links for "ASCO Connection", "Membership Directory", "Volunteer Portal", "Sponsor", "Donate", "Apps", "Store", and "Contact".

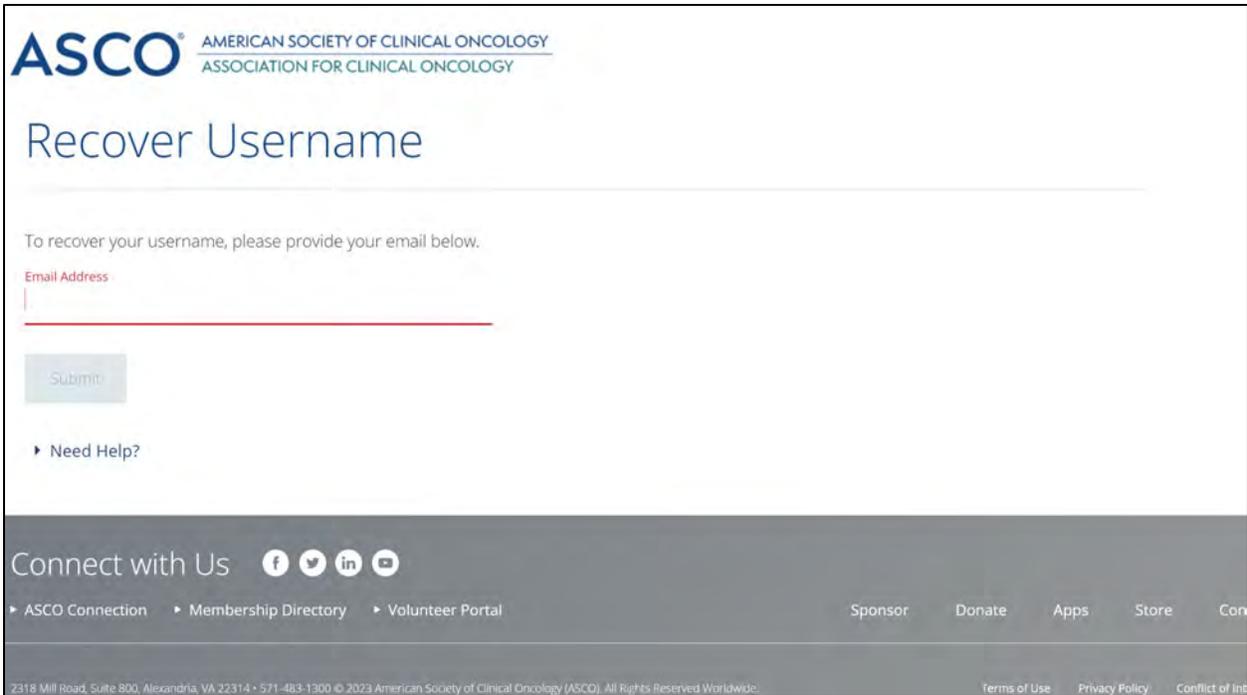
3. Provide your email address and submit, and you will receive guidance on how to reset the password.

The screenshot shows the ASCO website's 'Reset Password' page. At the top left is the ASCO logo and the text 'AMERICAN SOCIETY OF CLINICAL ONCOLOGY ASSOCIATION FOR CLINICAL ONCOLOGY'. The main heading is 'Reset Password'. Below it, a text prompt reads: 'To reset your password, please provide your email below.' There is a text input field with the placeholder 'Email Address' and a red underline. Below the field is a grey 'Submit' button. A link 'Need Help?' is located below the button. The footer contains social media icons for Facebook, Twitter, LinkedIn, and YouTube, followed by navigation links: 'ASCO Connection', 'Membership Directory', 'Volunteer Portal', 'Sponsor', 'Donate', 'Apps', 'Store', and 'Contact'. At the very bottom, there is fine print: '2318 Mill Road, Suite 800, Alexandria, VA 22314 • 571-483-1300 © 2023 American Society of Clinical Oncology (ASCO). All Rights Reserved Worldwide.' and links for 'Terms of Use', 'Privacy Policy', and 'Conflict of Interest'.

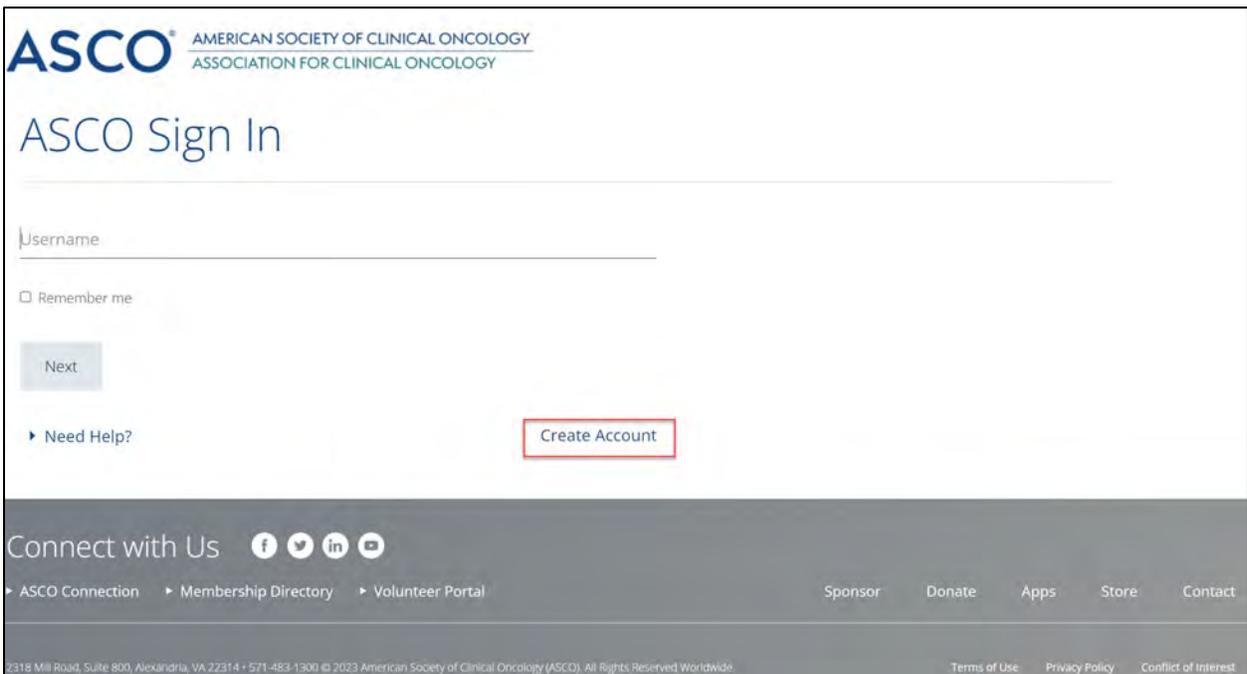
4. If you forgot username, please click forgot username.

The screenshot shows the ASCO website's 'Sign In' page. At the top left is the ASCO logo and the text 'AMERICAN SOCIETY OF CLINICAL ONCOLOGY ASSOCIATION FOR CLINICAL ONCOLOGY'. The main heading is 'ASCO Sign In'. Below it is a text input field for 'Username'. There is a checkbox labeled 'Remember me'. Below the checkbox is a grey 'Next' button. To the right of the 'Next' button is a link 'Create Account'. Below 'Create Account' are three links: 'Forgot password?', 'Forgot username?' (which is highlighted with a red box), and 'Contact us for other sign in issues' with an external link icon. The footer contains social media icons for Facebook, Twitter, LinkedIn, and YouTube, followed by navigation links: 'ASCO Connection', 'Membership Directory', 'Volunteer Portal', 'Sponsor', 'Donate', 'Apps', 'Store', and 'Contact'. At the very bottom, there is fine print: '2318 Mill Road, Suite 800, Alexandria, VA 22314 • 571-483-1300 © 2023 American Society of Clinical Oncology (ASCO). All Rights Reserved Worldwide.' and links for 'Terms of Use', 'Privacy Policy', and 'Conflict of Interest'.

5. Provide your email address and submit, you will receive the email to retrieve your username.



6. Create an account if you don't have an ASCO account.



7. Login to the [ASCO Certification Portal](#) using ASCO username and password.
8. If your ASCO user account is not yet associated with your practice's [ASCO Certification Portal Account](#), you will need to provide the following information upon login: Practice Name, Practice ID number, and Primary Practice Address. Please enter this information when prompted and click Save. Certification staff will review your request within 1-2 business days and send an email with instructions.

**Request Access to Practice Account**

Your information is not complete in the system. Please provide your practice information below to connect your user account to a practice account. You will receive an email with instructions within 1-2 business days.

PRACTICE NAME:

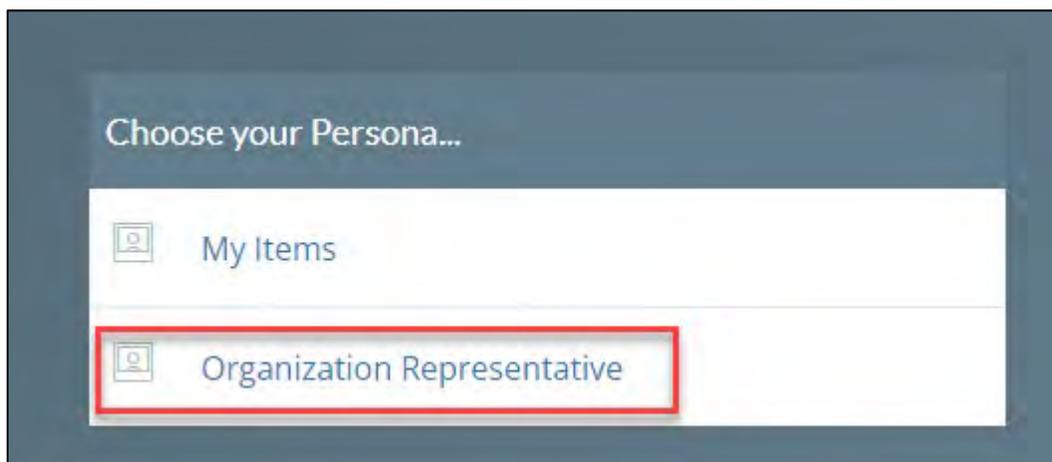
PRACTICE ID:

PRACTICE ADDRESS:

## Navigating Certification Portal

### How to Select Your Persona

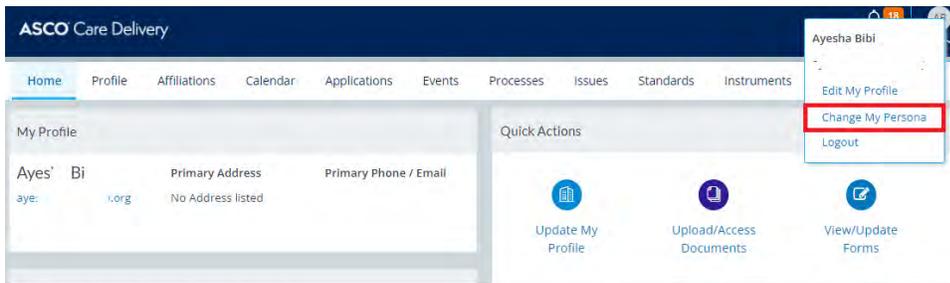
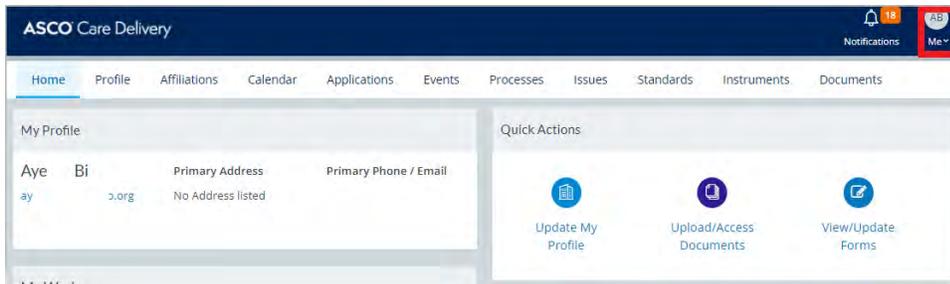
After logging in, choose Organization Representative to review practice profile, applications, program documents, and certification history. If you are associated with more than one practice account, you will need to select which practice account you would like to access. If you do not have the Organization Representative persona, please contact [patientcenteredcare@asco.org](mailto:patientcenteredcare@asco.org).



If you click on the My Items persona instead, you will land on the page below which will not show your complete practice information. To change to Organization Representative persona, please follow the steps below.

### How to Change Your Persona

Click Me profile button in top right corner, then click Change My Persona.

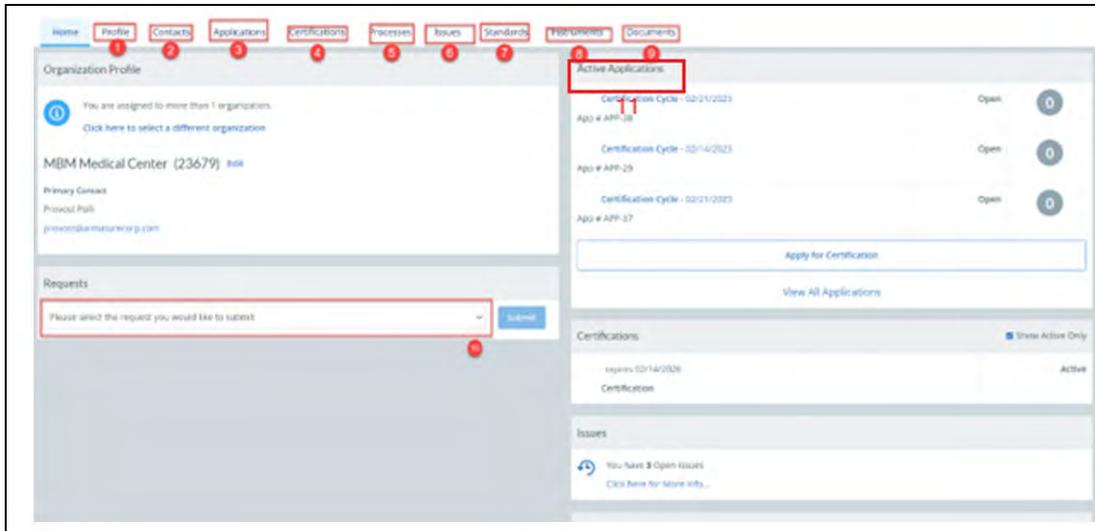


Choose Organization Representative persona. If you do not see the Organization Representative persona, please contact [patientcenteredcare@asco.org](mailto:patientcenteredcare@asco.org).



### Navigating the Organization Home Page

The organization Home page is where you will find active applications and certification history for your practice. Please see below list for descriptions of the other menu tabs.



1. **Profile** – review and edit practice profile information including contacts, public profile, and number of sites and FTEs.
2. **Contacts** – review and edit practice contacts, update primary contact.
3. **Applications** – review and access practice applications, see current application status.
4. **Certifications** – review practice certification dates and status.
5. **Processes** – review and access practice processes such as APC4 Certification Application Process.
6. **Issues** – review any Issues reported in your survey report for any unmet Standards and upload resolution documents.
7. **Standards** – review the latest ASCO Standards.
8. **Instruments** - review assigned application forms or “instruments” such as Questionnaires and Pre-survey Documents with progress noted and a link to that specific application instrument.
9. **Documents** - review a library of submitted application documents or click “Shared” to view shared program documents.
10. **Requests** - submit requests to APC4 Staff such as Practice Name Change and Add New User to Practice Account.
11. **Active Applications** – view current in process applications.

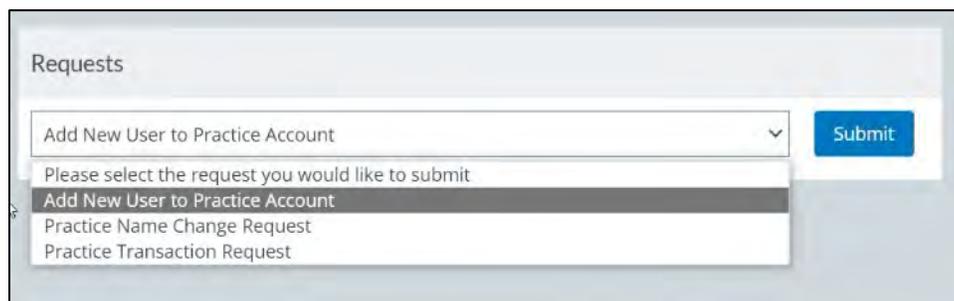
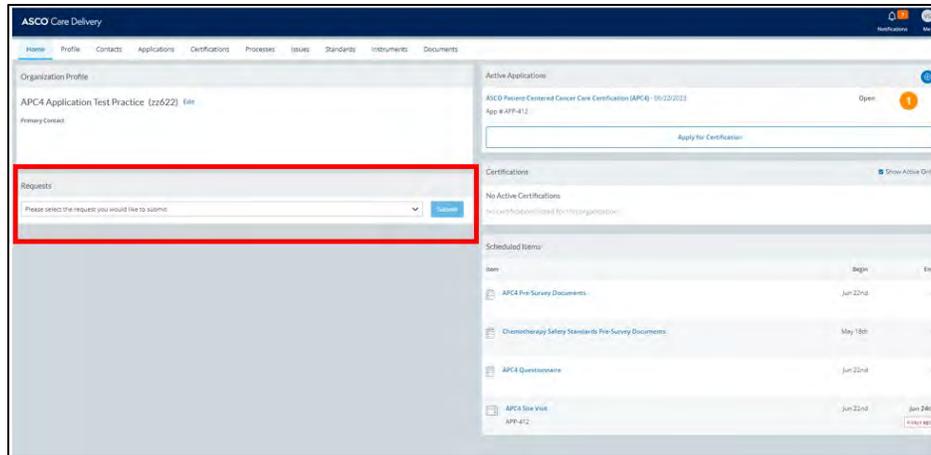
### System Notifications

All trusted contacts receive system notifications. Notifications from the ASCO Certification Portal will come from the no reply email [caresdelivery-nr@asco.org](mailto:caresdelivery-nr@asco.org) Please add this email to your address book to avoid system notifications going to junk or spam. For any APC4 questions please reach out to [patientcenteredcare@asco.org](mailto:patientcenteredcare@asco.org).

### Updating Practice Profile Information

#### Adding Users

Click from the Requests drop-down menu and select Add New User to Practice Account



Complete the following form with the new user information and submit

The screenshot shows the 'Edit Form' for adding a new user to a practice account. The form includes the following fields and options:

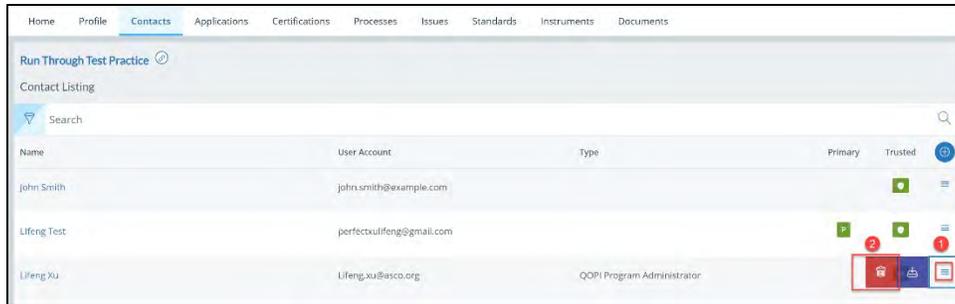
- New User First Name:** A text input field with a red error message: 'A value is required'.
- New User Last Name:** A text input field.
- New User Primary Email:** A text input field.
- New User Secondary Email:** A text input field.
- New User Phone Number:** A text input field.
- New User Contact Type:** Radio buttons for 'Program Administrator', 'Physician', 'Billing', and 'Other', with a 'Clear' button.
- Mark as trusted contact\* for organization?:** Radio buttons for 'Yes', 'No', and 'Clear'.

Below the radio buttons, there is a note: 'Contacts must be trusted to act on behalf of the organization. Trusted contacts will receive system notifications regarding practice's application process.' At the bottom right, there is a 'Submit' button highlighted in red, along with 'Save for later' and 'Abandon' options.

Once the request is submitted, APC4 Staff will review and send a notification to the new user within 1-2 business days.

## Removing Users

You can remove a user by clicking on the number 1 button below and then click number 2 button.



## Editing User Settings

Click on **Contacts** tab to review practice contacts. Click on a contact's name to review their information and update settings.



### *Update Trusted Contact*

Under Contact Access check “This contact may act on behalf of the organization” to mark person as a trusted contact which will allow them to access the practice’s ACP4 application. **Note: all trusted contacts will receive system notifications regarding the application process.**

### *Update Primary Contact*

Under Contact Access check “This is the organization’s Primary Contact” to mark person as Primary Contact. **Note: only one person may be selected as Primary Contact.**

**Change Personnel** ✕

---

**Profile Information**

Name:    ▼

Primary Address:  Include Address

Id:  Credentials:

Email Address:   User may login with this email

Primary Phone:  ext.

---

**Contact Information**

Title:

Start Date:  End Date:

Contact Types:

- QOPI Program Administrator
- APC4 Program Administrator
- Physician
- Other
- Billing

[Clear](#)

Contact Status:

Contact Access:

- This is the organization's Primary Contact
- This contact may act on behalf of the organization

Associate contact with child organizations:  ▼

[Save](#) [Close](#)

### Updating NPI and Site Counts

Click on Profile tab, then Additional Info, Click on the Edit button. You can update the Number of Sites and Number of NPI.

Home **Profile** Contacts Applications Certifications Processes Issues Standards Instruments Documents

ASCO Test Practice 2 (zz419)  
No website listed [Edit](#)

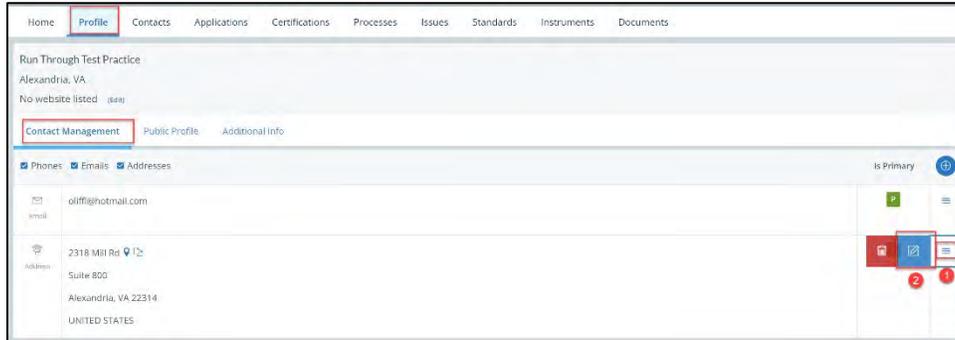
Contact Management Public Profile **Additional Info**

Additional Info ✎

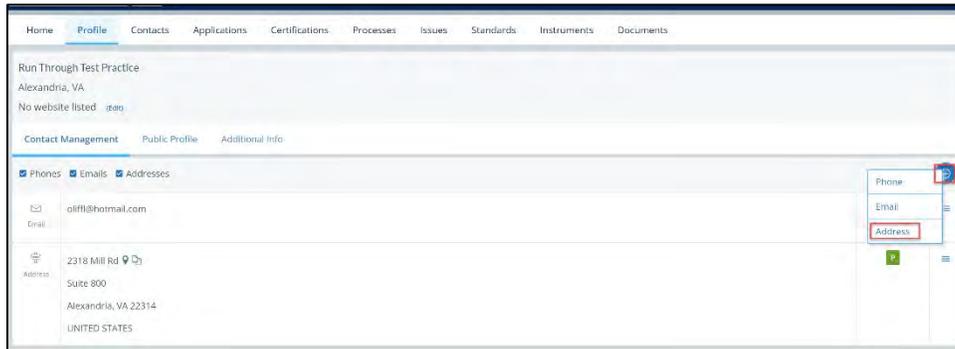
NUMBER OF SITES	NUMBER OF FTE
—	—
NUMBER OF NPI	—

## Site Addresses

Click the Profile tab, then Contact Management, click the button number 1, then number 2, you will be able to update the Practice Address.



You can add a new address for the Practice by clicking on the Plus sign then select Address.



Fill in the Address, only one address should be selected as Main and Primary Address. Then Save.

\* Any additional addresses should be marked as Site in the Address Type.

**Add/Update Address** ✕

UNITED STATES ▼

123 Main St

Line 2

[Show 3rd Line](#)

Alexandria Virginia ▼ 22314

**Address Types**

Main

Site

[Redacted]

[Clear](#)

Primary Address

[Save](#) [Cancel](#)

### Practice Name Change

To change the name of the Practice, click Home tab then select Practice Name Change Request, then Submit.

The screenshot shows the ASCO Care Delivery web application. The top navigation bar includes 'Home', 'Profile', 'Contacts', 'Applications', 'Certifications', 'Processes', 'Issues', 'Standards', 'Instruments', and 'Documents'. The main content area is divided into several sections:

- Organization Profile:** Displays 'APC4 Application Test Practice (zz622)' with a 'File' icon and 'Primary Contact' information.
- Requests:** A dropdown menu is open, showing options: 'Please select the request you would like to submit', 'Add New User to Practice Account', 'AQOR 2023 APC4 Plans', 'AQOR APC4 Pathway Utilization', 'AQOR APC4 Patient Satisfaction', 'Practice Name Change Request' (highlighted in red), and 'Practice Transaction Request'. A 'Submit' button is visible to the right of the dropdown.
- Active Applications:** Shows 'ASCO Patient-Centered Cancer Care Certification (APCC) - 18/02/2023' with 'App # APP-412' and an 'Open' status.
- Certifications:** Displays 'No Active Certifications'.
- Scheduled Items:** A table listing upcoming events:
 

Item	Begin	End
APCC Pre-Survey Documents	Jun 22nd	-
Chemotherapy Safety Standards Pre-Survey Documents	May 18th	-
APCC Questionnaire	Jun 22nd	-
APCC Site Visit APP-412	Jun 22nd	Jun 28th

Enter the new name of the Practice and Effective Date, then Upload the completed document to request change in the system. Then Submit.

**Edit Form**

Practice Name Change

Practice new name: New Practice Test

Effective Date: 03/06/2023

Complete pdf form to request change in system: International Workflow SOP 2021 (1).docx

REMARKS

Lifeng Xu - 03/06/2023 10:34:49 am  
[Download](#) | [Change](#) | [Hide Remarks](#)

[Save](#) [Submit](#) [Abandon](#)

### Practice Transaction Request

To notify APC4 about a Practice Transaction such as a merger or sale/acquisition, click the Practice Transaction Request under Requests section, then click Submit.

ASCO Care Delivery

Home Profile Contacts Applications Certifications Processes Issues Standards Instruments Documents

Organization Profile: APC4 Application Test Practice (zz622) Edit

Primary Contact: Member View: Member Item@asco.org

Requests: Please select the request you would like to submit. Please select the request you would like to submit. Add New User to Practice Account. AQM 2023 APC4 Form. AQM APC4 Pathway Utilization. AQM APC4 Patient Satisfaction. **Practice Transaction Request**

Active Applications: No Active Applications. Apply for Certification

Certifications: No Active Certifications. Show Active Only

Scheduled Items:

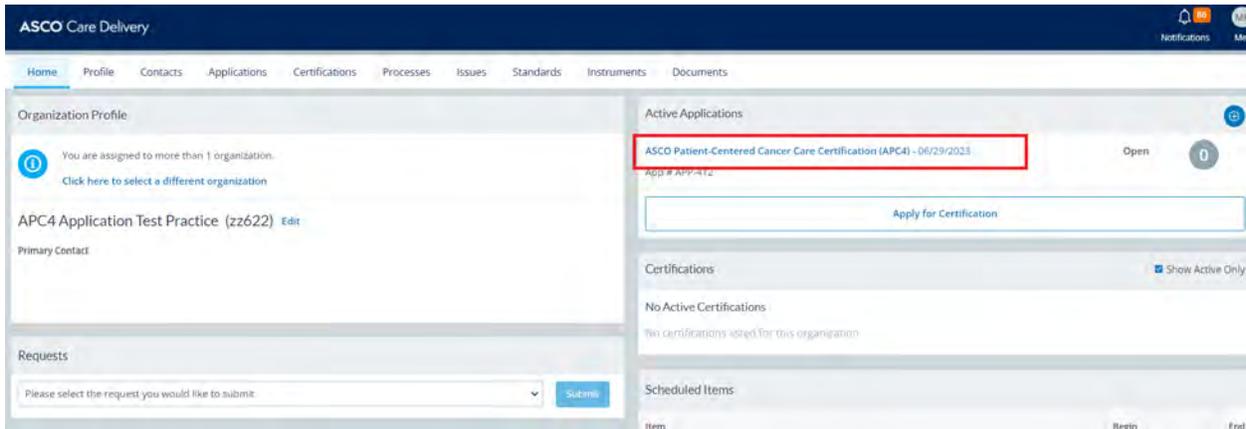
Item	Begin	End
APCA Pre-Survey Discussions	...	...
Chemotherapy Safety Standards Pre-Survey Questionnaire	May 18th	...
APCA Questionnaire	Jun 22nd	...
APCA Site Visit APJ12	Jun 22nd	Jul 30th

Choose the structure of the transaction, fill in the Effective Date, and Upload the document after you download, complete, and sign the document. Then Submit.

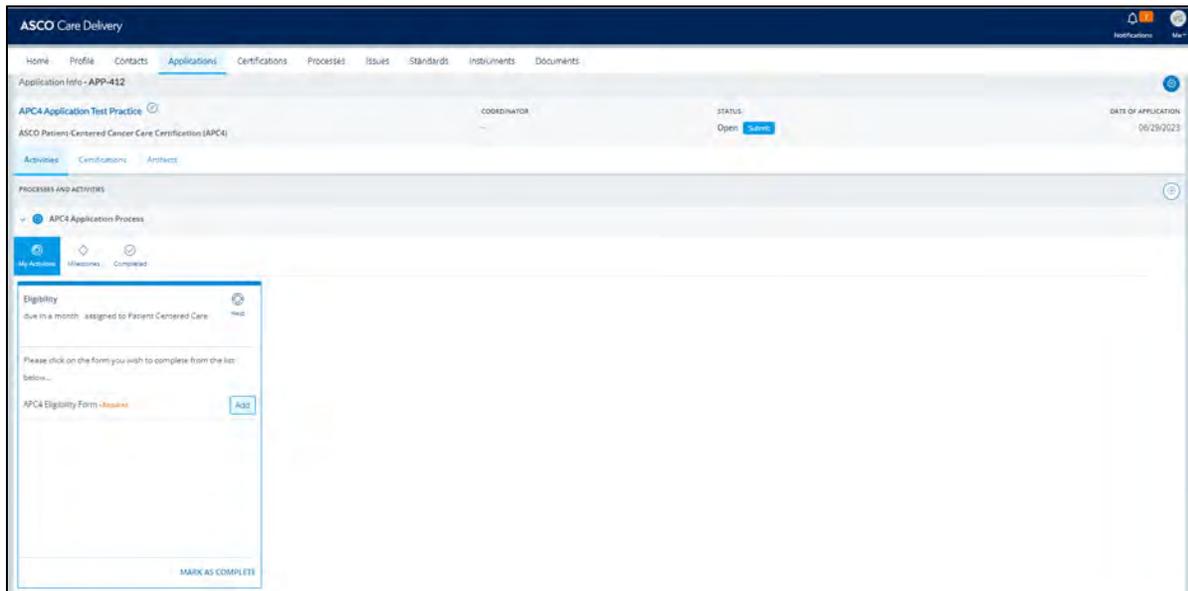
Applying for APC4 Certification  
 From Home page click Apply for Certification.

Under Application Type choose ASCO Patient-Centered Cancer Care Certification and click Save.

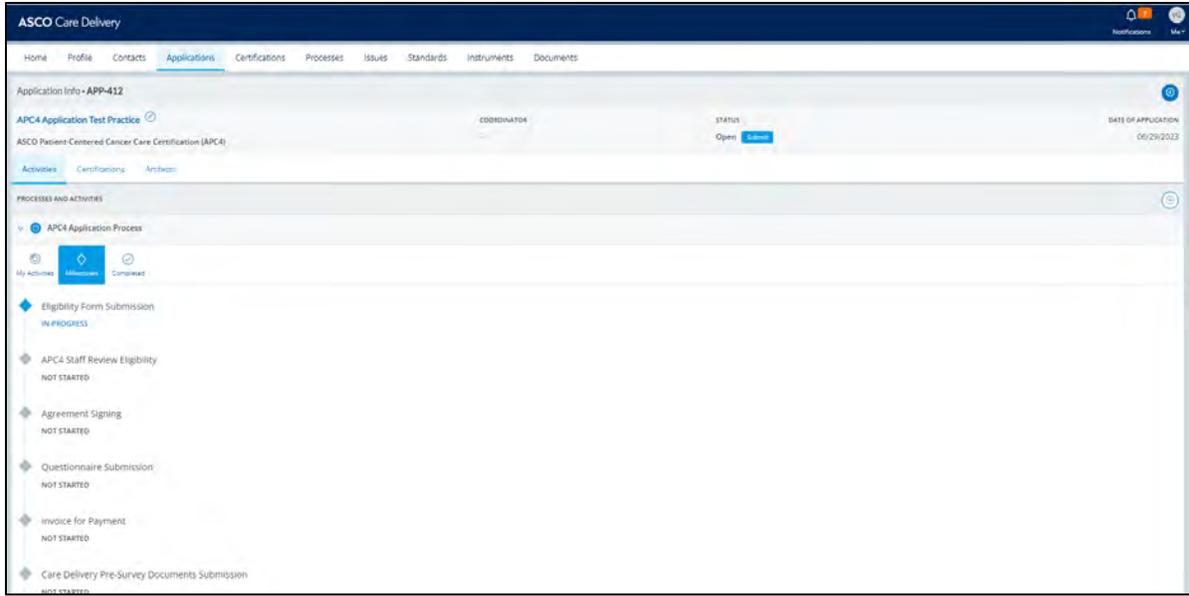
From Home page under Active Applications, click on ASCO Patient-Centered Cancer Care Certification.



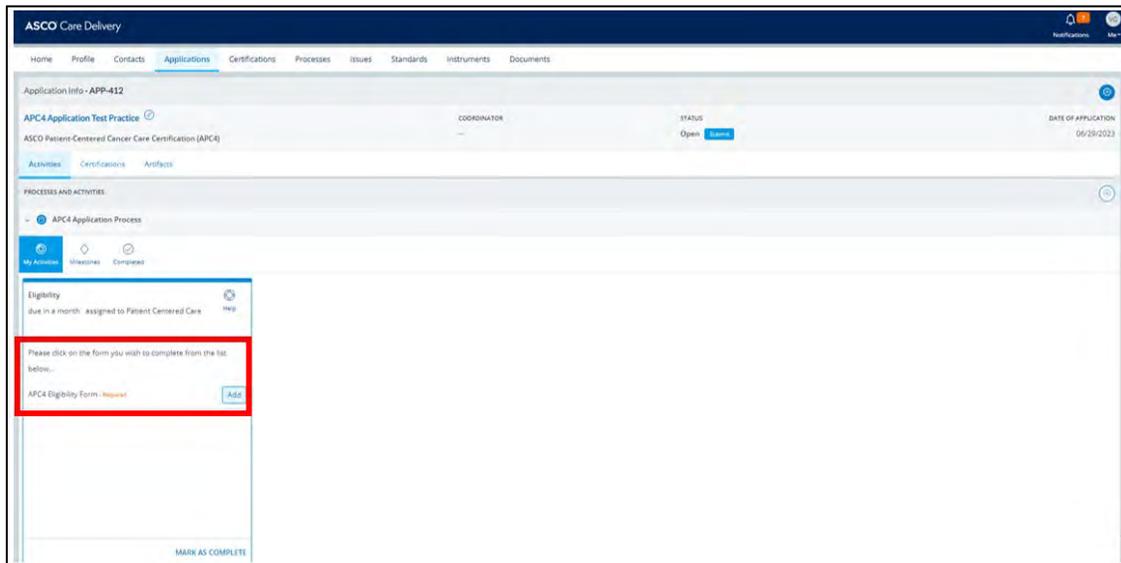
The APC4 Application will launch and items that need to be completed will be listed under My Activities.



Click Milestones to view all application milestones and current status.



Eligibility and Agreement  
Under Eligibility Form click Add button.



Fill out the Eligibility Form with all required information and submit.

**Edit Form**

APC4 Eligibility Form

**Instructions:**  
Please provide information about your practice below to confirm eligibility to start an application for APC4 Certification. If approved, we will initiate signature of the APC4 Certification Program Participation Agreement electronically via Docusign using the legal entity name and legal reviewer contact information provided.

APC4 U.S. Participation Agreement is available [here to preview](#).

Note: To maintain programmatic consistency, we are unable to accept requests for changes to our Participation Agreement. We hope you can agree to sign our template agreements and if there are any questions, please contact us at [patientcenteredcare@asco.org](mailto:patientcenteredcare@asco.org)

Enter practice's legal entity name that should be included on APC4 Participation Agreement for signature

**Please enter contact info for practice staff who will perform legal review and signature**

Name

Email

Phone

**Indicate if any situation below applies to your practice:**

Located outside the United States  U.S. Veterans Health Administration (VHA)  U.S. Military Treatment Facility (DoD)

**Oncology Treatment Pathway System**

Elsevier ClinicalPath

[Save for Later](#) | [Remove](#) [Submit](#)

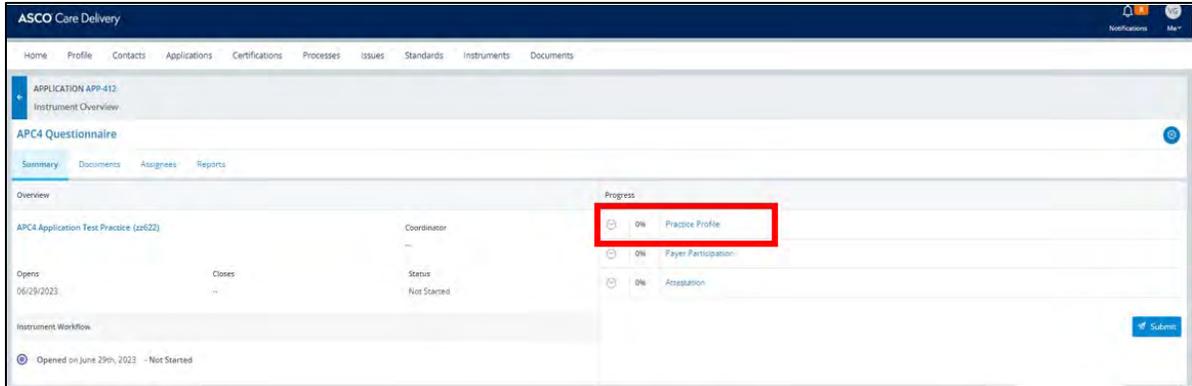
The Eligibility Form will go to staff for review. It takes about 3-5 business days for staff to complete the review and approve. If the Eligibility Form is approved, your practice’s legal contact listed in the form will receive an email from Docusign within 1-2 weeks, prompting them to sign the APC4 Participation Agreement.

All trusted contacts receive system notifications. Notifications from the ASCO Certification Portal will come from the no reply email [caredelivery-nr@asco.org](mailto:caredelivery-nr@asco.org) Please add this email to your address book to avoid system notifications going to junk or spam. For any APC4 questions please reach out to [patientcenteredcare@asco.org](mailto:patientcenteredcare@asco.org).

### APC4 Questionnaire

Once the legal document is signed and uploaded to the application, you will receive an email that you can access and complete the APC4 Questionnaire. Click the link in the email to access.

Click the Practice Profile. For you to be able to submit the Questionnaire, you need to reach 100% for Practice Profile.



Enter the Practice Profile information and save.

The screenshot shows the 'Practice Profile' form within the APCA Questionnaire. It includes a 'SAVE' button in the top right corner. The form contains the following sections:
 

- Instructions:** Please complete all required information below for your practice's application. Once all sections are completed, submit the form for review. APCA Staff will review the submitted form and generate an invoice within 3-5 business days. You will receive an email notification prompting you to complete Pre-Survey Documents and Payment upon approval of this form. Please contact [patson@ascoedcare@asco.org](mailto:patson@ascoedcare@asco.org) with any questions.
- Practice Address:**
  - Address: [Text input field]
  - City: [Text input field]
  - State: [Dropdown menu with 'Select an option...']
  - Country: [Dropdown menu with 'Select an option...']
  - Zipcode: [Text input field]
- Primary Physician Contact:**
  - Primary Physician Name: [Text input field]

You need to add all the NPI information to complete the Profile. Please use Add button to add each NPI for the practice. When all NPIs have been added, click Done.

The screenshot shows a 'Response' form with a blue header. Below the header, it says 'Please add information for each NPI to the table below'. The form contains three input fields:
 

- First Name:** [Text input field containing 'Jane']
- Last Name:** [Text input field containing 'Smith']
- NPI:** [Text input field containing '1234567890']

 At the bottom right, there are four buttons: 'DONE', 'ADD', 'Cancel', and navigation arrows '< 3 of 3 >'.

You will need to enter the Practice Sites info. All sections of form must be completed. Use the Add button to add additional practice sites. When all sites have been added, click Done.

The screenshot shows a form titled "Response" with a blue header. Below the header, there is a instruction: "Please provide addresses for practice sites for standard domains 1-7 indicating infusion services for each site." The form contains several input fields: "Name of site", "Address", "City", "Zip Code", "State" (with a dropdown menu), and "Country" (with a dropdown menu). Below these is a section for "Infusion Services" with radio buttons for "Yes", "No", and "Clear". At the bottom, there is a text input field for "Number of days of operation per week". At the bottom right of the form, there are three buttons: "DONE", "ADD", and "Cancel".

Click Payer Participation and choose from the options for the question. Save.

The screenshot shows the "ASCO Core Delivery" questionnaire. The section is titled "Payer Participation" and includes a "SAVE" button in the top right corner. Below the title, there is a paragraph explaining that for inclusion in the program, payers agree to share claims-based data with each participating practice. Below this, there is a section titled "Elect Payers" with the instruction: "Please elect the payers which you wish to engage and share quality and claims based data:". There are five checkboxes: "Aetna", "Anthem", "Cigna", "UnitedHealthCare", and "Other".

Click Attestation.

The screenshot shows the "ASCO Core Delivery" questionnaire. The section is titled "Attestation" and includes a "SAVE" button in the top right corner. Below the title, there is a paragraph asking the user to review the ASCO Patient-Centered Cancer Care Requirements and attest to understanding them. Below this, there are three numbered items: 1. Initial Certification through the Program will require compliance with all standards identified in the Standards Manual. 2. Practice leadership, including administrators and physicians, must support the Oncology Medical Home concept and adopt policies and procedures to achieve certification. 3. Throughout the Program, practices will engage with one or two payers. Below these items, there is a section titled "Attestation" with a paragraph: "I attest that my practice has reviewed the above requirements and the Standards, and we are working towards meeting full compliance." At the bottom, there is a checkbox labeled "Yes".

Answer the question and save. And then Submit.

Confirm Submission and then Submit.

Submit Response

Submit Instrument  
APC4 Questionnaire

100%	Practice Profile
100%	Payer Participation
100%	Attestation

Please confirm that you would like to continue with submission.

Confirm Submission

Submit Cancel

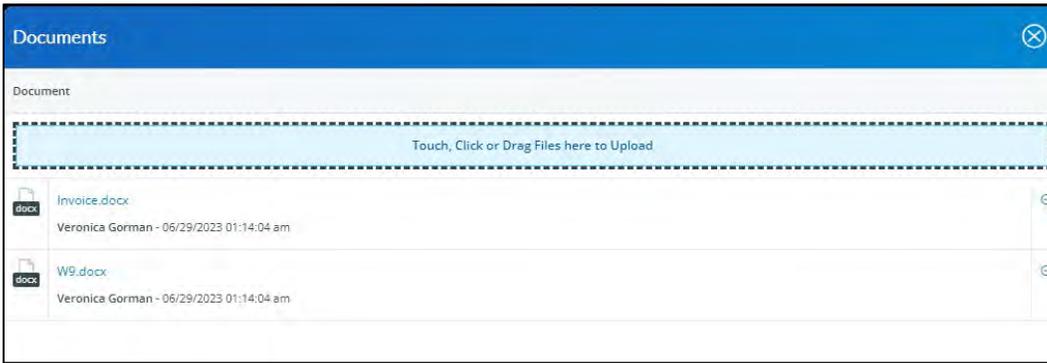
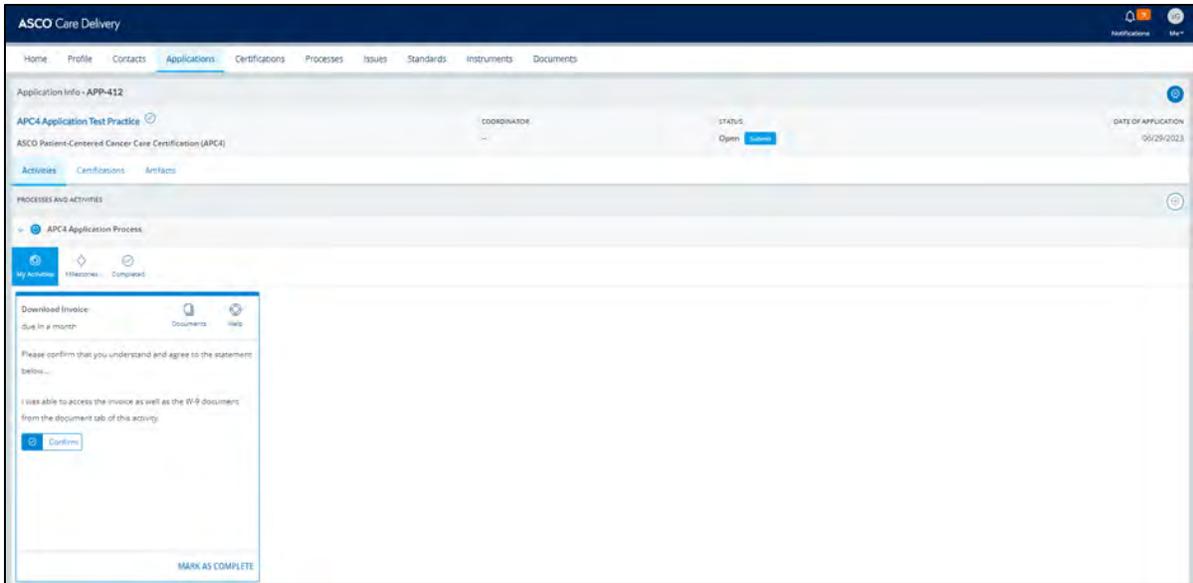
Staff will review your Questionnaire and upload the invoice, typically within 3-5 business days.

## Payment

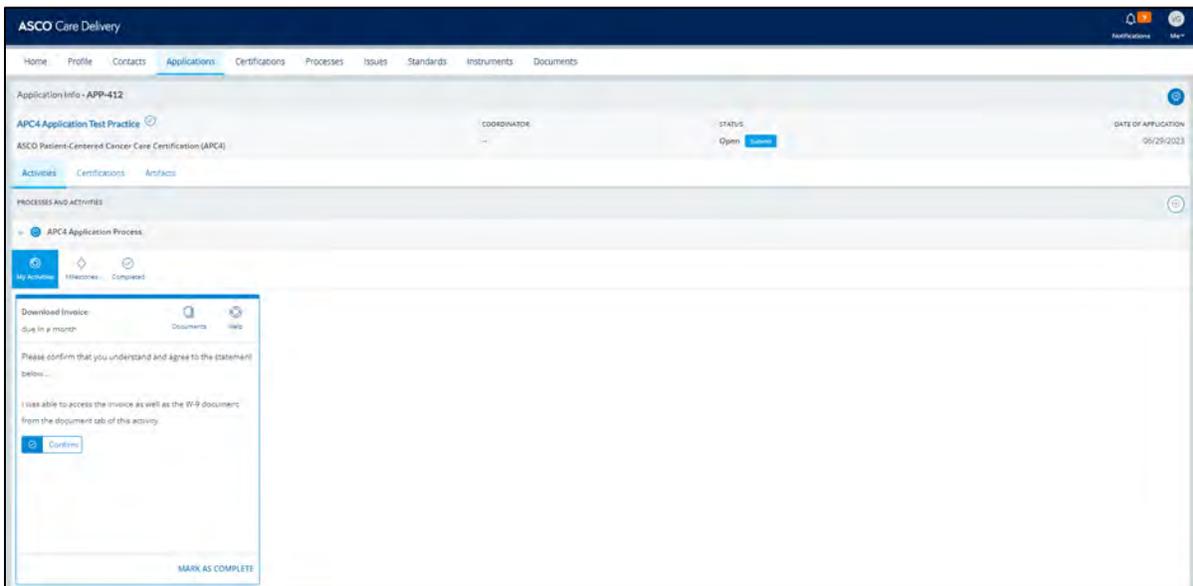
When your invoice is approved, you will receive the below email, prompting you to access the Download Invoice step in the application.



The Invoice and W9 can be accessed via the Document tab for download.



Click the Confirm button under My Activities once you have downloaded the invoice.



Please make the certification payment via check or wire transfer using the instructions on your invoice.



**AMERICAN SOCIETY OF CLINICAL ONCOLOGY**  
ASSOCIATION FOR CLINICAL ONCOLOGY  
KNOWLEDGE CONQUERS CANCER

2319 Mill Road, Suite 800  
Alexandria, VA 22314  
T: 571-483-1300  
F: 571-366-9530

# INVOICE

**BILL TO:**

Work:  
Mime:  
Patterned Email:

DATE:

INVOICE #:

FOR: |

CUSTOMER ID:

PAYMENT TERMS: Due Upon Receipt

SHIP TO:  
Blue Ridge Cancer Care

**ORDER SUMMARY**

Description	Quantity	Price Per Unit	Line Item Discount	Extended Amount
Patent Centered Cancer Care Certification Program				
			Order Discount	
			Total Order Amount	

**INVOICE SUMMARY**

Description	Extended Amount
Patent Centered Cancer Care Certification Program	
Order Discount	
Total Invoice Amount	

**NOTES:**

**PAYMENT INFORMATION**

**Credit Card Payments:** To pay by credit card, please contact our Customer Service Team and provide your invoice number. For security reasons, please do not send your credit card information via email.

ASCO Customer Service  
Available: Monday-Friday, 8:30am-5:00pm EDT  
Phone: 888-262-2552, 703-299-0158

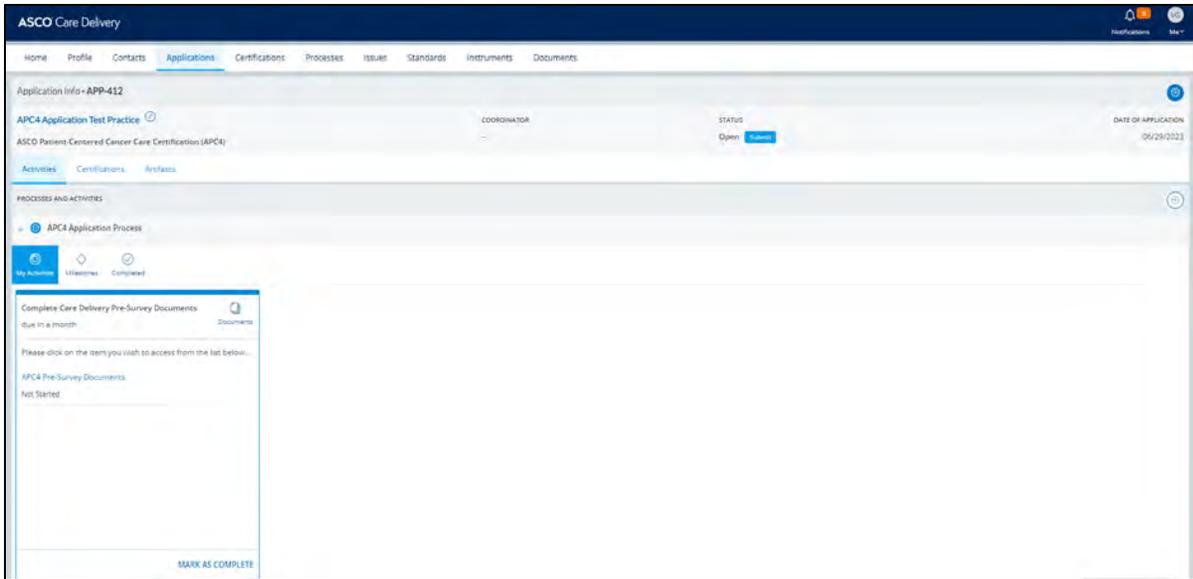
**Checks Payable To:** ASCO  
P.O. Box 896521  
Charlotte, NC 28289-6521

**Electronic Payments:** American Society of Clinical Oncology  
Bank - Trust Financial  
ABA / Routing Number (WIRES) - 051404260  
Account Number - 0000159760669  
Reference Information: INV-352716-D6Y9Y3

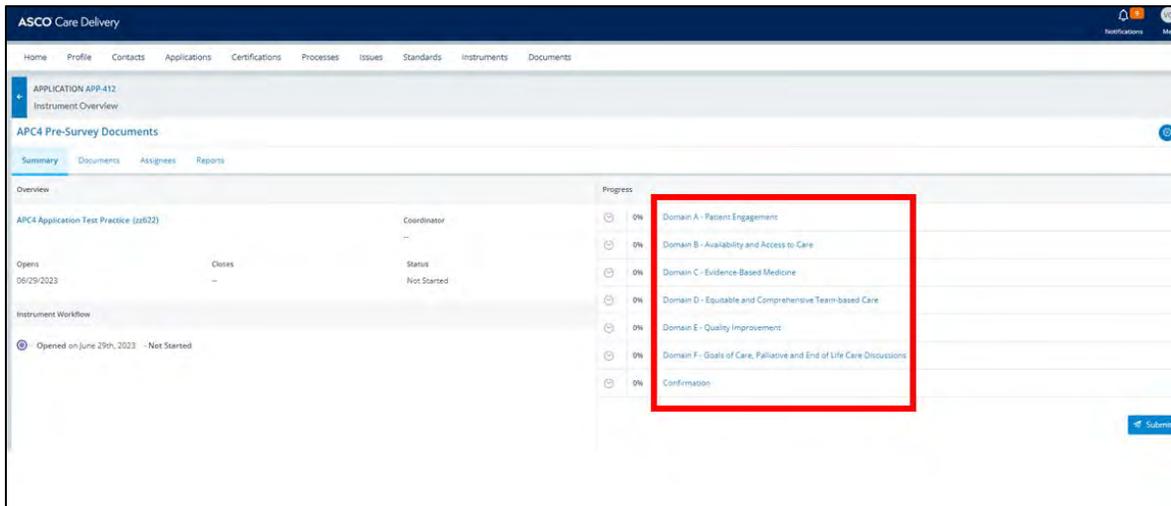
ASCO Customer Service  
Available: Monday-Friday, 8:30am-5:00pm EDT  
E: AR@ASCO.org | P: 888-262-2552, 703-299-0158

### Pre-Survey Documents

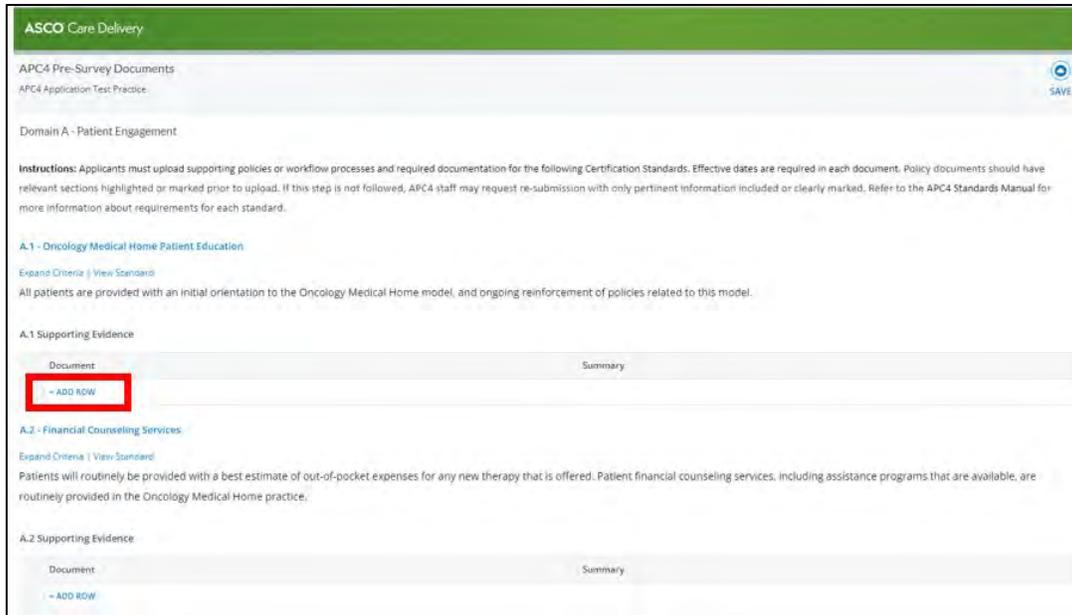
While payment is pending, you can upload your Pre-Survey Policy Documents. Under Complete Pre-Survey Documents click on the APC4 Pre-Survey Documents link.



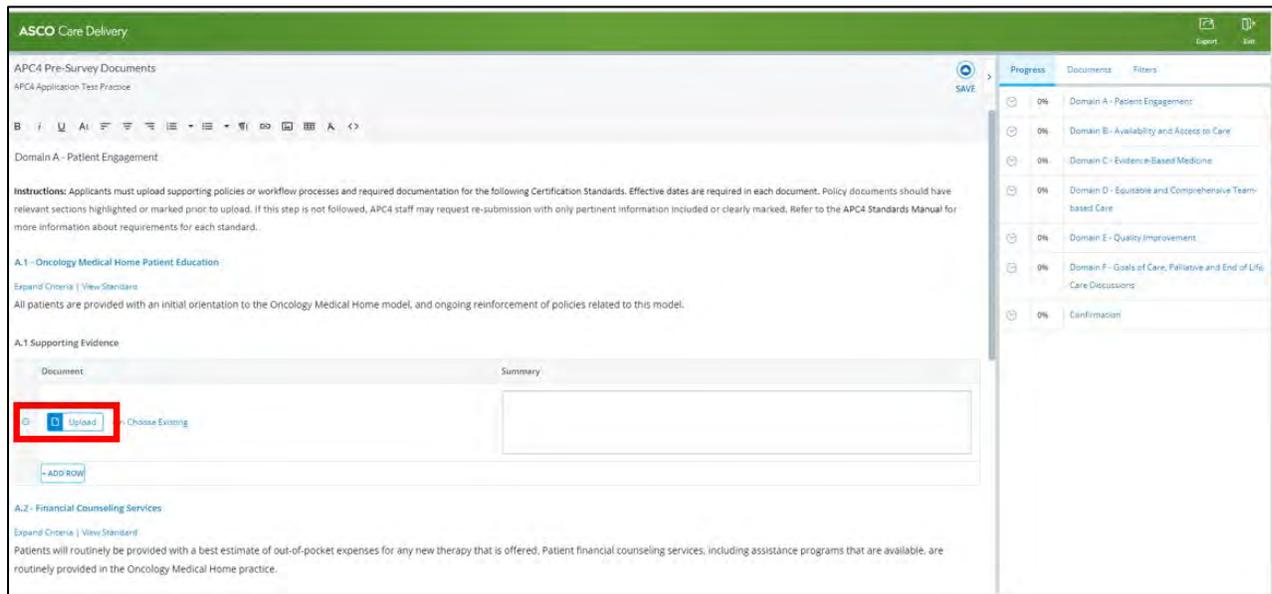
Click on each of the Domains and complete the required information.



Please upload written policies or procedures supporting each APC4 Certification Standard listed in the activity.



Add a Summary of the information that is relevant to the standard for each document submitted. If policy has sections, please reference the relevant sections in your summary. Remarks are optional to add. If more than one document is relevant to a Standard, click Add Row to upload.



Check the box for Confirmation section and save. Then Submit.

The screenshot shows the ASCO Care Delivery interface. The main content area is titled "APC4 Pre-Survey Documents" and "APC4 Application Test Practice". Below this is a "Confirmation" section with a red box around a checked checkbox and the text: "I attest that the uploaded documents do not contain any Protected Health Information (PHI) such as, (but not limited to) documents containing patient names or initials, MRNs, dates of birth, visit dates, or other personally identifying information." To the right is a "Progress" table with the following data:

Progress	Documents	Filters
0%	Domain A - Patient Engagement	
0%	Domain B - Availability and Access to Care	
0%	Domain C - Evidence-Based Medicine	
0%	Domain D - Equitable and Comprehensive Team-based Care	
0%	Domain E - Quality Improvement	
0%	Domain F - Goals of Care, Palliative and End of Life Care Discussions	
0%	Confirmation	

At the bottom right, there are "SAVE" and "Submit" buttons, both highlighted with red boxes. Navigation buttons "PREV." and "NEXT" are at the bottom left.

Confirm uploads by clicking Submit.

The screenshot shows a "Submit Response" dialog box. It lists the "Submit Instrument" as "APC4 Pre-Survey Documents". Below this, a list of domains shows 100% completion for each: Domain A - Patient Engagement, Domain B - Availability and Access to Care, Domain C - Evidence-Based Medicine, Domain D - Equitable and Comprehensive Team-based Care, and Domain E - Quality Improvement. At the bottom, there is a confirmation prompt: "Please confirm that you would like to continue with submission:" followed by a checked checkbox labeled "Confirm Submission". "Submit" and "Cancel" buttons are at the bottom right.

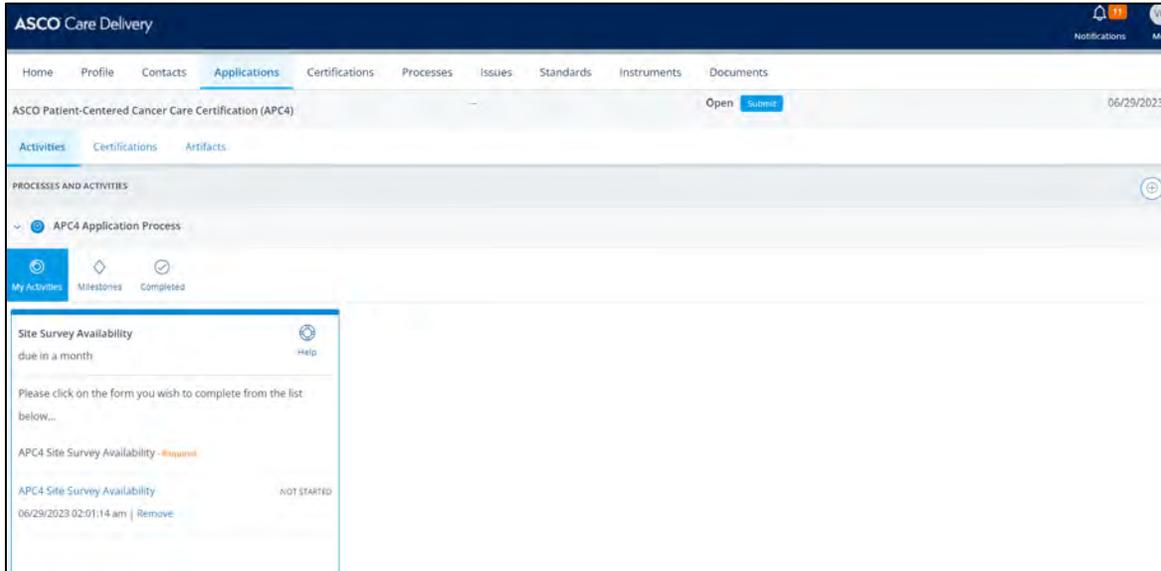
Repeat Process for Chemotherapy Safety Standards Pre-Survey Documents (if required, this will be assigned).

Confirm uploads by clicking Submit.

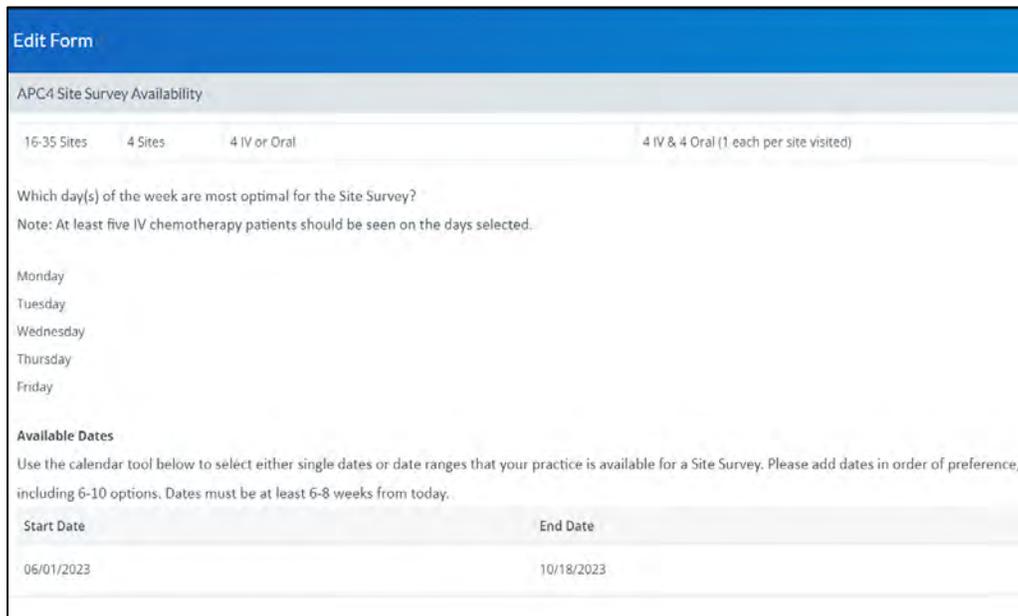
## Site Survey

Once we receive your payment and all pre-survey documents, you will receive an email notification to schedule a site survey. Click the link in your email to complete the Site Survey Availability form.

Under My Activities click APC4 Site Survey Availability link to launch form.



Enter the information to indicate your site survey preferences. Please make sure to add a start and end date range. Then Submit.



After submission, your Site Survey Availability form will be reviewed by the APC4 team, and a proposed visit date will be sent to you via email within 4-6 weeks.

You will receive an email with your selected surveyor and survey date(s). Please reply within 5 business days to confirm the selected surveyor and the date. If we do not hear back regarding a conflict, we will move forward with confirming the visit.

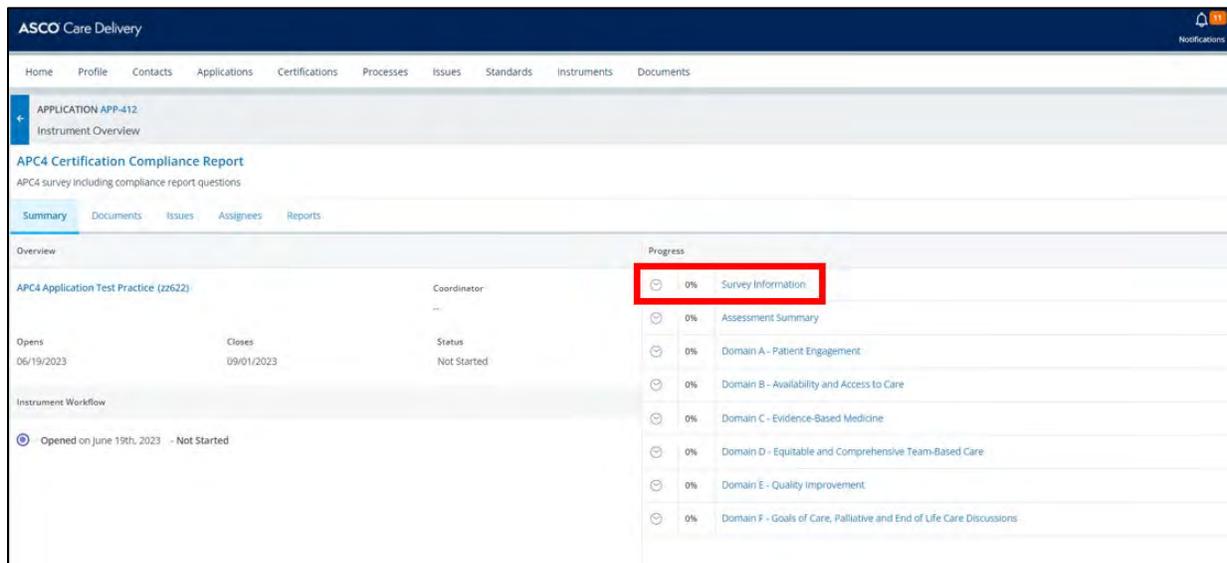
Once the survey information is confirmed, you will receive the final confirmation email.

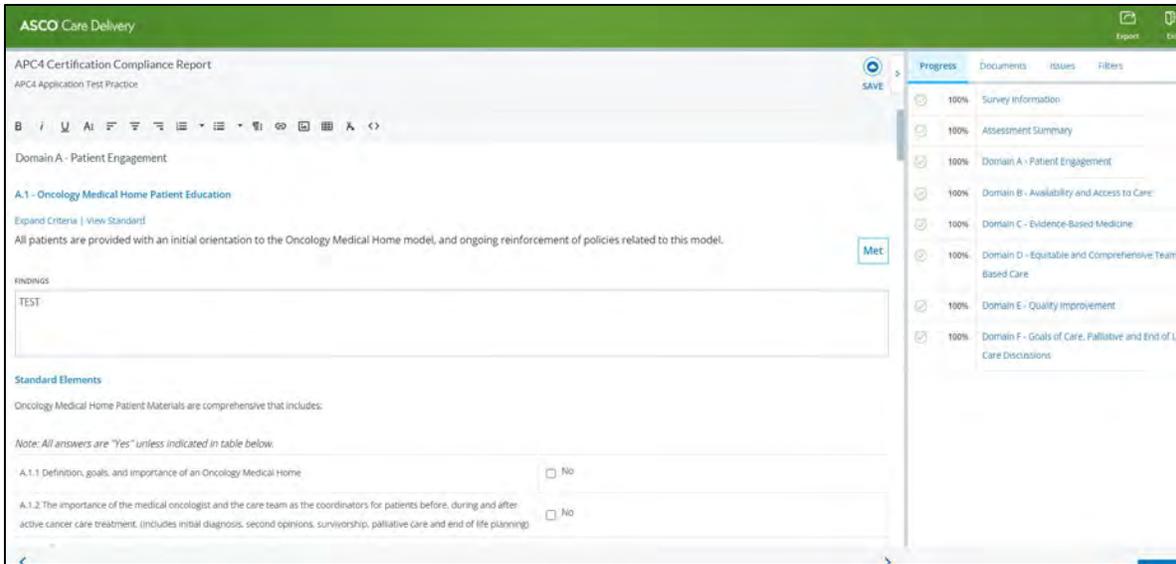
The pre-survey documents submitted by your practice will be reviewed by your assigned surveyor. Your surveyor will contact you to schedule the site survey planning call. Once the site survey is complete, your surveyor will draft the Certification Compliance Report (CCR) based on the findings and observations. You can expect to receive a notification to view the CCR within 4-6 weeks of the survey.

### Certification Compliance Report Review

Once the APC4 Certification Compliance Report (CCR) and Chemotherapy Safety Standards Compliance Report (if required) is completed, you will receive an email with a link to access the report(s) and important due dates for compliance submissions (if applicable). The Action Plan in the email is due within 10 days of receiving the CCR if any Standards were unmet during the survey. You will receive the Action Plan template as an attachment.

Use the link in your email to access the APC4 Certification Compliance Report where you can review the assessments for each APC4 Standard based on your site survey. Use the Progress tab to navigate each section of the report. If a Standard is assessed as Partially Met or Not Met, you will see an orange number which indicates an Issue was found for that standard. Click the orange number or Issues tab to view each Issue.

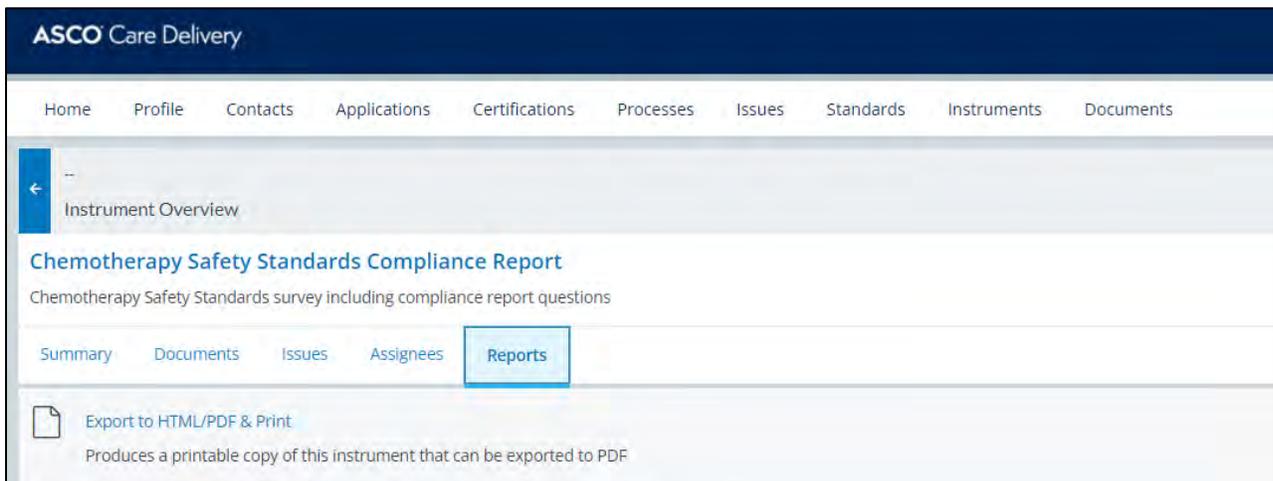




Each Issue will include a Findings statement summarizing why the standard was unmet, and a Standard Requirement which states requirements to demonstrate compliance with the standard during the post-survey process. Use the information from each Issue to populate your practice’s Action Plan document. You will need to write a plan to address each Standard Requirement.

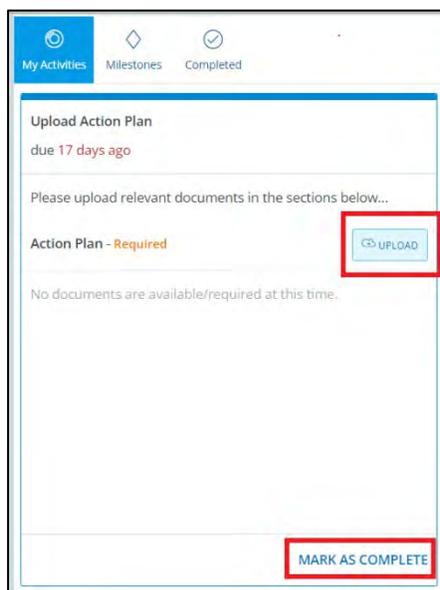
*Exporting the Certification Compliance Report (CCR)*

To export a copy of the CCR, click Report, and then click Export. You can save the file and share with others as needed.



## Upload Action Plan

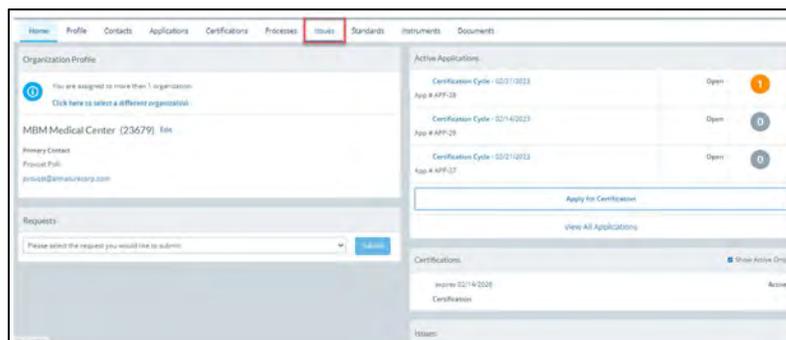
Submit your completed Action Plan within 10 days of CCR receipt. Choose the Organization Representative Persona after log in. Select the most recent Application. From Upload Action Plan tile, click Upload button to upload the completed Action Plan.



Mark as complete after you upload the document. APC4 Staff will review your submitted Action Plan and provide approval or feedback via email within 5 business days.

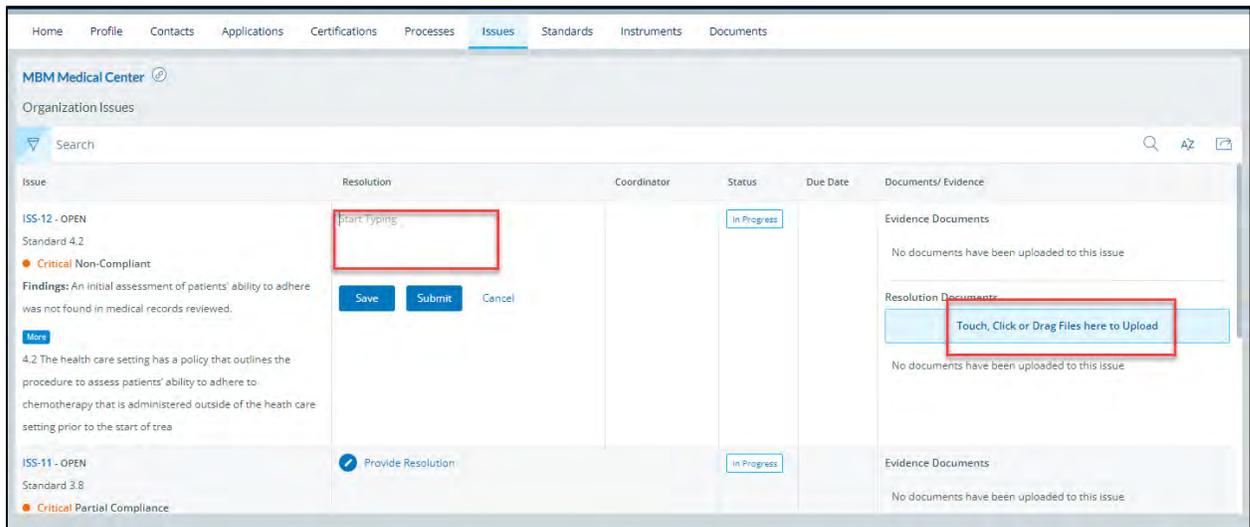
## Document Implementation of Action Plan

Upload documentation demonstrating implementation of the Action Plan by your final due date (120 days from report delivery date). Login and click the Issues tab.

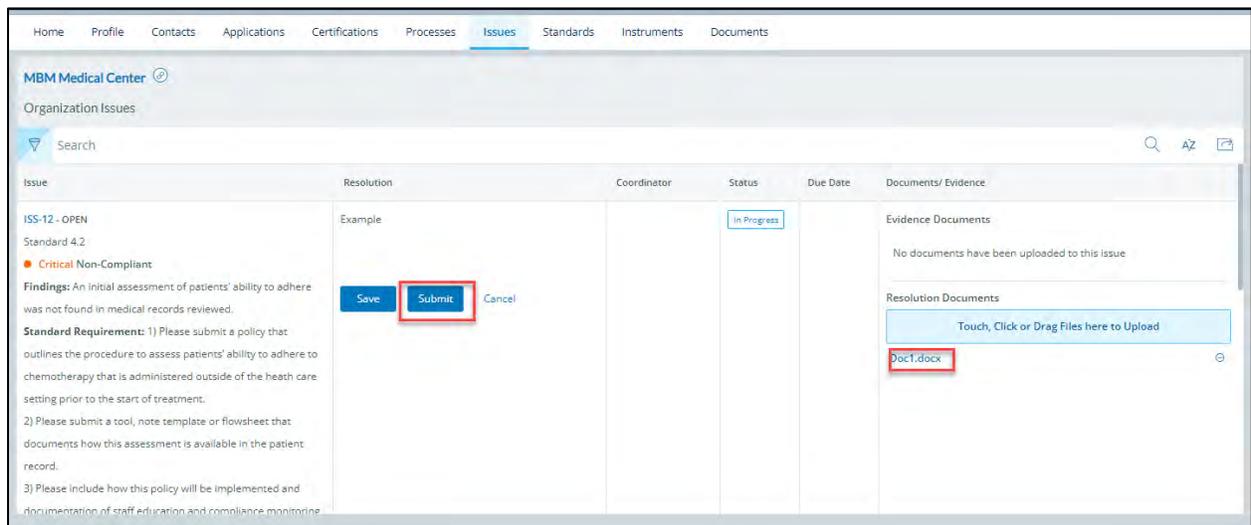


Please click on each Issue and type a Resolution statement summarizing the work completed and upload any related documents to the “Resolution Documents” area.

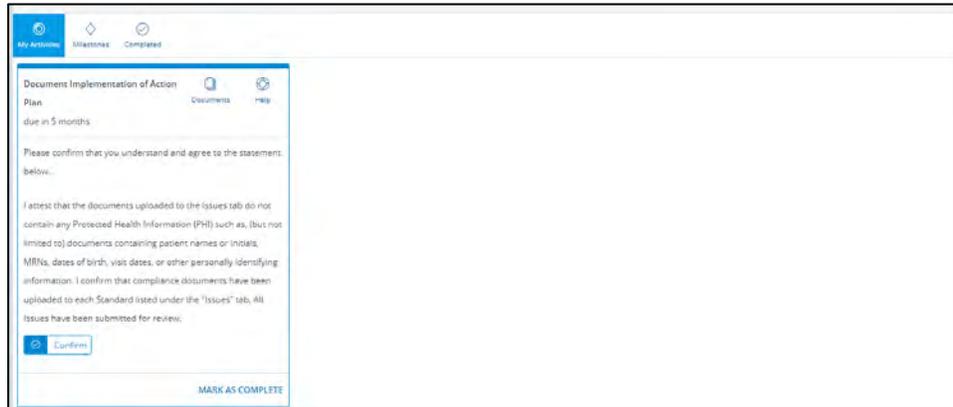
**Important Note:** The Certification Portal is not configured to store, receive, display, or otherwise contain PHI and is not a HIPAA-compliant environment. You will be required to attest that any document or file that You upload does not contain PHI. As such, please ensure that any documentation that You upload does not contain any PHI, does not display health information on a patient, and does not contain any personal identifiers of a patient (including, patient names or initials, MRNs, dates of birth, visit dates, or other personally identifying information). If you are unsure whether a document contains PHI, please check with your practice’s privacy officer.



When all documents have been uploaded to support each standard, please click “Submit” for each Issue.



Navigate back to the Applications tab. Click the Document Implementation of Action Plan activity. Review the confirmation language and click confirm to notify staff that you completed upload of all documents. Staff will review all documentation (typically within 4-6 weeks of submission) and reach out with any questions or feedback. If all Standards are assessed as Met following staff and committee review, certification will be granted.



### Certification Decision

Certification is awarded when a practice is deemed to have met all requirements for Certification. Practices awarded certification will receive an email announcement. The email will contain a media kit, which includes logo files, a brand guide for how to use the logos and samples of social media posts, press releases, and newsletters.

### Contact Us

For all questions about APC4 Certification please reach out to [patientcenteredcare@asco.org](mailto:patientcenteredcare@asco.org) and we will be happy to assist you.