

Application Introduction

Welcome to the Quality Training Program (QTP) Winter 2025 Application

The Quality Training Program (QTP) is a transformative 6-month journey that combines in-person and hands-on learning to enhance healthcare quality. Over five days split across three sessions, participants will engage in seminars, case studies, and small group exercises, culminating in hands-on projects at their practices. Successful completion also earns participants FASCO points. This Winter 2025 journey is being hosted by Memorial Healthcare System with all in-person sessions being held in Pembroke Pines, Florida

Preparation for Application

Before beginning your application, please ensure you are prepared with the following:

- The resumes/CVs of all team members.
- A statement of support from your leadership.
- Name, email address, and phone number for all team members.

This application cannot be saved and must be completed in one sitting. For a comprehensive list of requirements and to prepare adequately, please visit our main site asco.org/qtp.

Application Steps

1. **Team Lead and Member Information:** Start by entering details for the Team Lead (Applicant 1) and subsequent team members. This includes personal information, credentials, job title/position, and CV/resume upload. Indicate whether any team members are fellows and if you have additional members (up to 4).
2. **Practice/Institution Information:** Provide comprehensive details about your practice/institution, including name, address, contact details, and a brief description of your patient population and organizational structure. Highlight any existing engagement with ASCO's Quality Oncology Practice Initiative (QOPI®) and quality improvement training programs.

3. **Project Proposal:** Outline what your team hopes to learn through the QTP and describe how you hope to improve quality of care delivery with your project.
4. **Support and Commitment:** Upload a statement of support from your institution's leadership, reaffirming commitment to the quality improvement project and the time necessary for participation in QTP.
5. **Program Fees, Policies, and Application Submission:** Review and agree to the program's terms, including responsibilities for tuition, travel and lodging. Confirm how you learned about the QTP and express your willingness to share project information on the QTP webpage.

Final Notes and Submission

After reviewing the program fees and policies and indicating your agreement, you're ready to submit your application. We appreciate the effort and commitment you're bringing to this application process. Should you have questions or need assistance, please contact us at qualitytraining@asco.org.

Thank you for your interest in advancing the quality of care through the Quality Training Program. We eagerly anticipate the opportunity to collaborate with you in making significant strides in healthcare quality.

Applicant 1 Information Part 1

Applicant 1 (Team Lead) Information

First Name

Last Name

Credentials (MD, RN, MSN, etc.)

Email Address

Phone Number

Applicant 1 Information Part 2

Applicant 1 (Team Lead) Job Title/Position

Is Applicant 1 (Team Lead) a Fellow?

☐ Yes

☐ No

Applicant 1 (Team Lead) CV/Resume Upload

Applicant 2 Information

Applicant 2 Information

First Name

Last Name

Credentials (MD, RN, MSN, etc.)

Email Address

Phone Number

Applicant 2 Job Title/Position

Is Applicant 2 a Fellow?

- ☐ Yes
☐ No

Applicant 2 CV/Resume Upload

Do you have additional team members to include in your application
(teams may have up to 5 members)?

- ☐ Yes
☐ No

Applicant 3 Information

Applicant 3 Information

First Name

Last Name

Credentials (MD, RN, MSN, etc.)

Email Address

Phone Number

Applicant 3 Job Title/Position

Is Applicant 3 a Fellow?

- ☐ Yes
☐ No

Applicant 3 CV/Resume Upload

Do you have additional team members to include in your application
(teams may have up to 5 members)?

- ☐ Yes
☐ No

Applicant 4 Information

Applicant 4 Information

First Name

Last Name

Credentials (MD, RN, MSN, etc.)

Email Address

Phone Number

Applicant 4 Job Title/Position

Is Applicant 4 a Fellow?

- ☐ Yes
☐ No

Applicant 4 CV/Resume Upload

Do you have additional team members to include in your application
(teams may have up to 5 members)?

- ☐ Yes
☐ No

Applicant 5 Information

Applicant 5 Information

First Name

Last Name

Credentials (MD, RN, MSN, etc.)

Email Address

Phone Number

Applicant 5 Job Title/Position

Is Applicant 5 a Fellow?

- ☐ Yes
☐ No

Applicant 5 CV/Resume Upload

Practice/Institution Information

Practice/Institution Information

Company/Organization Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Organization/Application Admin Contact

Name

Company/Organization

Position

Email Address

Phone Number

Briefly describe your practice/institution and patient population.

What is the organizational structure of your practice/institution?

- ☐ Private community practice
- ☐ Private integrated group practice
- ☐ Institutional, nonacademic
- ☐ Academic practice (with teaching, research)
- ☐ Academic community-based practice

Indicate the medical specialties in the practice/institution. (Check all that apply)

- ☐ Hematology/Oncology
- ☐ Surgical Oncology

- ☐ Radiation Oncology
☐ Gyn Oncology
☐ Pediatric Hematology/Oncology

How many oncology physicians/professionals are in the practice/institution?

Is the practice/institution currently registered to participate in ASCO's Quality Oncology Practice Initiative (QOPI®)?

- ☐ Yes
☐ No

Does your practice/institution provide any quality improvement training to clinical and/or administrative employees?

- ☐ Yes
☐ No

QTP Winter 2025 will be hosted by Memorial Healthcare System with in-person sessions being held in Pembroke Pines, Florida on the following dates:

- Learning Session 0: Thursday, December 5, 2024 (Virtual)
- Learning Session 1: Thursday, January 9 – Friday, January 10, 2025 (In-Person)
- Learning Session 2: Thursday, March 6 – Friday, March 7, 2025 (In-Person)
- Learning Session 3: Friday, June 13, 2025 (In-Person)

I acknowledge that all paid members of my team will attend these sessions in-person. (Participants are responsible for their own flights and lodging and tuition. In-person trainings include breakfast and lunch).

- ☐ Yes
☐ No

What does your team hope to learn from participating in the ASCO Quality Training Program

In a brief narrative, please outline the issue your team aims to tackle through your project. Elaborate on what your team aspires to learn through the Quality Training Program (QTP) and describe how you hope to improve quality of care delivery with your project.

Explanation for Planned Absence From Learning Session(s)

If you replied no, that your entire team will not be able to attend ALL of the learning sessions, please explain why.

Statement of Support

Please upload a statement of support, written and signed by the leadership of your practice/institution. The statement of support should indicate:

- Willingness to protect time for applicants' travel to/from and participation in the three in-person learning sessions, the virtual coaching sessions and project work during the Quality Training Program.
- Commitment to a quality improvement project at the practice/institution.
- How quality improvement training for the proposed team will contribute to the practice/institution in the long term.

Please upload a PDF of your signed Statement of Support

Terms and Conditions

Program Fees and Policies

If selected to participate, the accepted applicant practice/institution team must notify and confirm with ASCO of the intent to participate within 10 calendar days of receiving email notification of being selected.

The applicant practice/institution selected to participate is responsible for tuition, travel, lodging and incidentals for the three in-person sessions at Memorial Healthcare System in Pembroke Pines, Florida.

Accepted applicants are expected to fully participate in all aspects of the Quality Training Program. No substitutes will be allowed to participate in the in-person trainings in place of accepted applicants.

Tuition fees depend on how many people are on a team. Teams can be 2 to 5 people each:

- Tuition Fee (for a 2-person team): \$2,100 per person
- Tuition Fee (for a 3-5 person team): \$1,850 per person

Fellows Discount: Any institution which sends two or more teams: **Fellows receive 50% off tuition** as long as there is at least one non-fellow on each team.

Confirmation of Understanding of Terms and Conditions:

Program Fees and Policies Before proceeding, please carefully read and confirm your understanding of the following key points regarding your participation in the Quality Training Program:

- Notification of Participation: If selected, you must confirm your intent to participate with ASCO within 10 calendar days of receiving the selection email.
- Responsibility for Fees: Your practice/institution is responsible for costs for travel, lodging, and incidentals incurred during the three in-person sessions at Memorial Healthcare System in Pembroke Pines, Florida.
- Participation Expectations: Accepted applicants are expected to fully engage in all aspects of the Quality Training Program without substitution for any in-person trainings.

Please confirm your understanding and agreement with the above statements:

- ☐ I have read and understand the program fees, payment obligations, and policies as outlined. I acknowledge that my practice/institution is responsible for adhering to these terms upon acceptance into the Quality Training Program.

Referral Questions

Where did you first learn of ASCO's Quality Training Program?

- ☐ Email direct from ASCO
- ☐ Ad in Journal of Oncology Practice
- ☐ Ad in Journal of Clinical Oncology
- ☐ ASCO Quality Care Symposium
- ☐ Meeting at ASCO Headquarters
- ☐ From a colleague
- ☐ Other

If you were referred, who referred you?

If accepted to the Quality Training Program, do you give permission for ASCO to include your final QTP project with the other

participating teams in the online QTP Project Library?

- ☐ Yes
☐ No

I have read and understand the terms and conditions and wish to submit my team's application. (Quality Training Program [FAQs](#))

- ☐ I Agree

Please select one of the following options to indicate your preference for receiving email updates about ASCO QTP (you may opt out at any time):

- ☐ Yes, I would like to receive email updates.
☐ No, I do not wish to receive email updates.

Please note: You are now at the conclusion of your application. By clicking the next arrow, you will submit your application. Be aware that after submission, it will not be possible to return to this page or make any amendments to your application. Ensure you have reviewed all your information thoroughly before proceeding.