

APPLICATION GUIDE FOR REACCREDITATION



Copyright © 2021 by the American Society for Radiation Oncology. All rights reserved. No part of this publication covered by copyright may be reproduced or copied in any form or by any means—graphic, electronic or mechanical, including without limitation photocopying, taping or information storage or retrieval systems—without written permission of the American Society for Radiation Oncology.

Table of Contents

Before Starting the Application	1
Starting the Application	1
Step 1 – Selecting a Network	1
Network Type Selection	2
Network Qualifications	2
Step 2 – Selecting and Naming Networks	3
Selecting Your Network	3
Naming Main and Satellite Facilities	3
Step 3 – Application Review	4
Application List	4
Navigation	4
Network Application Form – Overview	4
Network Application Form – Facility Type and Key Personnel	5
Network Application Form – Patients Treated and Sites of Treatment	5
Network Application Form – Modalities and Techniques	5
Network Application Form – Equipment	6
Network Application Form – Health Records and Treatment Planning Systems	6
Network Application Form - Physicians	7
Application Review and Additional Satellite(s)	7
Step 4 – Legal Agreements	8
Step 5 – Payment	9
Invoice	9
Payment by Check	9
Payment by Credit Card	9
Payment Confirmation	9
APEx Portal	10

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.

	Return to My A	STRO Networks						
	HOME	NETWORK PROFILE	MANAGE	MEMBERS	RESOURCES	REPOSITORY	HISTORY	•
							Re-Accree	ditation
	0						-0	
	Overvier	w	Self-assessment		Scheduling & Facility Visit		Reports	
Please confir	The mission m Re-Accreditate th	of the ACTEC Associate	on Program for Evonil	APEx®) is cation and s to read AST n on the AP	to recognize facilities by self-assessment is to fa RO's Safety is no accid Ex program can be four	v objectively assessin cilitate radiation onco lent: A framework for nd on the ASTRO we	ng the radiation oncology logy practices (ROPs) in quality radiation oncology bsite. The APEx website	care team, preparing for y care, which is governed by
			Cancel Continue	e available	m the ROP. It is recomm in the Resources tab ab	nended to download love.	the .pdf of the self-asses	sment before
		RESUME						

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

Q	ualifications
No	ke: Although a multi-facility practice may be covered under one application, accreditation determinations will be made for each facility decendently.
41	openancy. In 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
ap	o na haining niteta hii be bood to determine in a materiasing provide our oppin for an house to be considered of the cume address and of plication
- 10	
Ch	eck 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 for further information regarding satellite eligibility.

ne facilities you want to ac	redit 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 hav	e common policies and procedures for key evidence indicators.
All of the facilities hav responsible for the cu	a medical director who is responsible for each facility and one individual from practice leadership who is ture of safety standard operating procedure.
 All of the facilities hav 	a the same corporate ownership.
you have any questions re	garding a multi-facility registration, please contact us at: APExsupport@astro.org

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

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	8 Memorial Cancer Center
Southwest Oklahoma Regional Cancer Center	🕴 Regional Cancer Center
University of Omi Radiation Oncology Clinic	8 Radiation Oncology Clinic
Portland Comprehensive Radiation Oncology	S 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.

APEX - ACCREDITATION PROGRAM FOR EXCELLENCE®

2021 APEX® APPLICATION GUIDE FOR REACCREDITATION

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.

re-registration	Select Network(s)	Application	Agreement	Payment
Your Networks	5			
Main Network Name:		APEx Main		
Physical Location:		123 Main Street Anytown PA 12345		Review Application
phone:		4120000000		
Website:				
Network Name:		APEx Satellite 1		
Physical Location:		789 Lost Way		
		Anytown, PA 12345		Complete Application
Phone:		100000000		
Website:				
			< PREVIOU	S NEXT >
			< PREVIOU	S NEXT >

NAVIGATION

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



Discard any changes using the cancel button.

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.

PEx Main	
APEx Network Application Form	
Indicates Required Field / Question	
	Page 1
Please complete the following registration questions.	
Type of facility: *	Private Practice/Community based system •
Add key personnel	
Radiation oncology medical director	
First name *	John
Last name *	Smith
Professional designation *	MD •
Title "	Medical Director
Email *	John Smith@APEx.com
Phone *	412-412-4124
Chief physicist	
First name	Jennifer
Last name *	Doe
Professional designation: *	PhD •
Title *	Cheif
Email *	Jennifer Doe@APEx.com
Phone *	412-412-4124
Assystan admitstances	

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.

CA MAILI		
APEx Network Application Form		
Indicates Required Field / Question		
		Page 2
Please complete the following registration questions.		
Annual number of patients treated:	2000	
Adults *	550	
Pediatric *	0	
	Breast Central nervous system tumors Gastrointestinal	Melanoma/Skin Non-malignant disease Palllation
Types of patients treated. Check all that apply. *	Genitourinary Gynecological Head and neck Lymphomas and Leukemia	Pediatric cancers Sarcoma - cutaneous tumors Thoracic malignancies
Other types of patients treated not listed above. To add more	, click the "+" icon. To delete, click the "-" icon.	
	< PREVIOUS SAVE	AND FIMEH LATER SAVE AND CONTIN

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).

PEX main	
APEx Network Application Form	
' Indicates Required Field / Question	
	Page 3
Please complete the following registration questions.	
	Brachytherapy - HDR
	Brachytherapy - LDR
	Brachytherapy - Microsphere
Types of modalities/techniques provided. Check all that apply.	# External Beam - 3-D CRT
Select only the modalities that have been implemented for more than 6	M External Beam - IGRT/SGRT
months and have treated patients through a complete course of	External Beam - IMRT (including IMAT, VMAT)
therapy. In the self-assessment, each modality type from this section	IORT/Electronic Brachytherapy
will need to be represented in a medical record. Any modalities listed	External Beam - SBRT
below in other will hot need medical record representation.	External Beam - SRS (including Gamma Knite®, CyberKnite®, Cobalt-60)
	Disealed sources
	Particle therapy (protons, neutrons)
Please enter any other modalities/techniques not listed above. Click the	"+" icon to add multiple. To delete, click the "-" icon.

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

PEx Network Appli	cation Form						
I LA HELHOIR Appli	Cation Form						
Indicates Required Field	/ Question						
							Page 4
Please complete the foll	owing registration questions						
Equipment							
ist each piece of radiothe	pracy equipment that are in use	and commis	sioned. For prot	ions pleas	e list each beam-line	t room	
or accreditation purpose	s, equipment needs to be in us	e and commi	issioned for at le	ast 6 mont	hs at time of applica	tion.	
quipment never than 6 r	months or that will be commissi	oned after th	e date of this ap	plication w	ill not be part of this		
CONTRACTOR DESCRIPTION COLUMN							
iccreditation cycle.							
The external validation do	cuments relate to El 12.4.1 – 1	2.4.2c which	include the exte	mal valida	tion of machine outp	ut accuracy.	
Increation cycle. The external validation do This does not apply to bra	cuments relate to EI 12.4.1 – 1 ichytherapy.	2.4.2c which	include the exte	rmal valida	tion of machine outp	ut accuracy	
recreation cycle. The external validation do This does not apply to bra To add equipment, click th	cuments relate to El 12.4.1 – 1 ichytherapy. ne ** icon. To delete. click the '	2.4.2c which	include the exte	imal valida	tion of machine outp	ut accuracy.	
rcoreananon cycle. The external validation do This does not apply to bra To add equipment, click th	cuments relate to El 12.4.1 – 1 ichytherapy. re *+* icon. To delete, click the *	2 4 2c which	include the exte	rmal valida	tion of machine outp	wit accuracy.	
rocreatation cycle. The external validation do This does not apply to bra to add equipment, click th	cuments relate to El 12.4.1 – 1 ichytherapy. te "+" Icon. To delete, click the "	2.4.2c which	include the exte	rmal valida	tion of machine outp	wt accuracy	
Increation cycle. The external validation do This does not apply to bra To add equipment, click th Treatment Room Name Treatment Room Name	cuments relate to El 12.4.1 – 1 ichytherapy. he "+" icon. To delete, click the " Equipment Type	2.4.2c which *" lcon.	Date of Commi	ssion	tion of machine outp	nut accuracy. alidation	
rocreation cycle. The external validation do This does not apply to bra To add equipment, click th Treatment Room Name TrueBeam	currents relate to El 12.4.1 – 1 ichytherapy. ne "+" icon. To delete, click the " Equipment Type Unco - multiple energy	2.4.2c which	Date of Commi	ssion	tion of machine outp Current External Va Equipment.docx	alidation	
accreation cycle. The external validation do This does not apply to bra To add equipment, click th Treatment Room Name TrueBeam Thilegy	currents relate to El 12.4 1 – 1 chytherapy. he "+" Icon. To delete, click the " Equipment Type Unac - multiple energy Linac - multiple energy	2.4.2c which "Icon •	Date of Commi 1/1/2018	ssion	tion of machine outp Current External Va Equipment.docx Equipment.docx	alidation Remove Remove	
The external validation do This does not apply to bra fo add equipment, click th * Treatment Room Name TrueBeam Thilegy CT Simulator	cuments relate to El 12.4 1 – 1 chytherapy. he "+" Icon. To delete, click the " Equipment Type Limac - multiple energy Simulator CT	2 4 2c which " icon "	Date of Commi 1/1/2018 10/3/2007 11/1/2009	ssion	tion of machine outp Current External Vi Equipment.docx Equipment.docx Equipment.docx	alidation Remove Remove Remove	
Increasement cycle. The external validation do This does not apply to bra or add equipment, click th • Treatment Room Name TrueBeam Trilogy CT Simulator •	cuments relate to El 12.4.1 – 1 chrytherapy. te "+' Icon. To delete, click the " Equipment Type Linac - multiple energy Linac - multiple energy Simulator-CT	2 4 2c which " icon "	Include the externation Date of Commit 1/1/2018 10/3/2007 11/1/2009	ssion	tion of machine outp Current External Vi Equipment.docx Equipment.docx	alidation Remove Remove Remove	
Incoreaution cycle. The external validation do This does not apply to bra To add equipment, click th Treatment Room Name TrueBeam Trillogy CT Simulator + [] Other types of equipment	cuments relate to El 12.4.1 – 1 chytherapy he "e" Icon To delete, click the " Equipment Type Unac - multiple energy Unac - multiple energy Semulator CT not listed above. To add equipr	2.4.2c which " Icon " nent, click th	Date of Commi [1/1/2018 [10/3/2007 [11/1/2009 e "+" icon. To de	ssion	tion of machine outp Current External Vi Equipment.docx Equipment.docx Equipment.docx he "-" icon.	alidation Remove Remove Remove	
The external validation do The external validation do This does not apply to bra To add equipment, click th • Treatment Room Name TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam TrueBeam	cuments relate to El 12 4 1 – 1 chythwrapy e ** Icon. To delete, click the * Equipment Type I thac - multiple energy I chac - multiple energy Simulator CT not listed above. To add equip Endoment Tone	2.4.2c which " Icon " nent, click th Date of	Date of Commi 1/1/2018 10/2/2007 11/2/2009 e "+" icon. To de Commission	ssion	tion of machine outp Current External Vi Equipment.docx Equipment.docx Equipment.docx he "-" icon.	alidation Remove Remove	
The external validation do The external validation do This does not apply to bra Traatmant Room Name TrueBeam Thilegy CT Simulator + [] Other types of equipment Traatment Room Name	cuments rolate to El 12 4 1 – 1 chytherapy le ** lcon. To delete, click the * Equipment Type Unac - multiple energy Unac - multiple energy Simulator CT not listed above. To add equips Equipment Type	2.4.2c which Icon. 	Include the exter Date of Commi [1/1/2018 [10/1/2009 [11/1/2009 e "+" icon. To de Commission	ssion	tion of machine outp Current External Vi Equipment.docx Equipment.docx he "-" loon. orting Documentatio	aldation Remove Remove	Telect

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).

Indicates Required Field / Question			
			Page 5
Please complete the following registration questions. Health Records			
Please select each type of health record system used *	* Electronic	Electronic and Paper	Paper Only
f you selected electronic, please indicate the systems used below. * Please enter any other health record systems not listed above. To add	ARIA8 Centridty ^{Tet} Cerner EPIC InteGreat EHR LANTIS ^{Tet} Other, please lie more, click the *** ic	McKesson Medisoft® MEDITECH MEDITECH MEDITECH MEDITECH MEDITECH MEDITECH MEDITECH PowerChart St below on. To delete, click the "r ic	Practice Choice™ Clinical 4 RT⊕ 1 Oncology on.
• Treatment Planning			
	CMS Direct	Oncentra®	
Please select each type of treatment planning system used "	 ✓ Eclipse™ ✓ ElektaXio IPIan® Monaco® 		im below
	MultiPlan®		V loon

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.

APEX Network Applicat	ion Polm	
Indicates Required Field / Qr	Jestion	
		Page 6
lease complete the followi	ng registration questions.	
Physicians		
fease list each physician loc	ated at your facility below. To add more, o	tlick the "+" icon. To delete, click the "-" icon.
lo to 25 physicians may be e	ntered. For the purpose of the APEx App	lication, a physician is 80% clinical practice, and has
racticed at the facility for > 1.	2 months. *	and a high star a second harden and and
First Name	Last Name	Professional Designation
John	Smith	MD Y
Jessica	Lang	MD T
Heidi	Flynn	MD •
Steve	White	MD •
· ·		

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

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 Network	s			
Main Network Name:		APEx Main		
Physical Location:		123 Main Street		
		Anytown, PA 12345		Review Application
Phone:		4120000000		
Website:				
Network Name:		APEx Satellite 1		
Physical Location:		789 Lost Way		
		Anytown, PA 12345		Review Application
Phone:		100000000		
Website:				
Website:	that you review all network regis	trations before continuing. Clic	k the Review Application button f	or each network to re
the corresponding registra	ation information.			
				NEVTS
			< PREVIOUS	NEAT 2

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.

APEx Program	n Agreement			
Please review these leg	al agreements in their entirety b	efore accepting.		
Facility Agreement				
Business Associate	Agreement			
The undersigned certifies and agree to abide by the procedures. The undersign and agree to the Agreem that all information hereb	c, on behalf of the Applicant Entity/ e terms of these Agreements and t aned hereby certifies that they are ents (above) on behalf of Applican y submitted is correct to the best of	to the policies and rules of ASTRC authorized by the Applicant Entity t Entity/Covered Entity (and all sa of the undersigned's knowledge.	 b), including but not limited to	the APEx Accreditation w to submit this application indersigned further certifies
The undersigned certifier and agree to abide by the procedures. The undersis and agree to the Agreem that all information hereb By clicking here II agree By clicking here II agree	c) on behalf of the Applicant Entity/ e terms of these Agreements and 1 ned hereby certifies that they are ents (above) on behalf of Applican y submitted is correct to the best of e to the Facility Agreement e to the Business Associate Agree	Covered Entity, that they have new of the policies and rules of ASTRC authorized by the Applicant Entity I Entity/Covered Entity (and all sa if the undersigned's knowledge.	including but not limited to //Covered Entity named belo tellites, if applicable). The u	the APEX Accreditation w to submit this application ndersigned further certifies
The undersigned certifier and agree to abide by the procedures. The undersi and agree to the Agreem that all information hereb By clicking here II agree By clicking here II agree	c, on behalf of the Applicant Entity/ e terms of these Agreements and 1 med hereby certifies that they are ents (above) on behalf of Applican y submitted is correct to the best of e to the Facility Agreement e to the Business Associate Agree Smith	Overed Entity, that they have rea to the policies and rules of ASTRC authorized by the Applicant Entity I Entity/Covered Entity (and all sa if the undersigned's knowledge. ment APEx Main P	Including but not limited to //Covered Entity named belo tellites, if applicable). The un	the APEX Accreditation w to submit this application ndersigned further certifies
The undersigned certifies and agree to abide by the procedures. The undersis and agree to the Agreem that all information hereb By clicking here II agree By clicking here II agree John Applicant Entity/Coverce HIPAA Privacy O	, on behalf of the Applicant Entity/ e terms of these Agreements and 1 med hereby certifies that they are ents (above) on behalf of Applican y submitted is correct to the best of e to the Facility Agreement e to the Business Associate Agree Smith ed Entity: APEx Main fficer (optional)	of the policies and rules of ASTRC authorized by the Applicant Entity it Entity/Covered Entity (and all sa if the undersigned's knowledge. ment APEx Main P	ractice	the APEX Accreditation w to submit this application indersigned further certifies

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 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

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 satellit 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 paving 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

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.

Payment / Invoice

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 <u>APExSupport@astro.org</u>. 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.

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.

medco	ncert°		te Colleagues		L L Search	the site		struction
	Accreditatic The goal of APEx is to a provide high-quality, saf	on Progr accredit facilities e patient care.	am for E	Excellen	ce (APEX) el, policies and proce	edures needed to		
NETWORK				MEMBER	S ENROLLED			
APEx Main				1			Ace	cess
APEx Satel	lite 1			1			Ace	cess