Appendix 9-1

Lung Screening Study

RECORD OF EXPERIENCE, CREDENTIALS AND TRAINING (ECT)

EXAMINER/TRAINER/QUALITY ASSURANCE EXAMINER/MEDICAL RECORDS ABSTRACTOR/NOSOLOGIST

REGISTRATION FORM

1. **SCREENING CENTER ID**:|__|__|

2. **NAME OF STAFF MEMBER TO BE REGISTERED**:____
Last First Middle

3. **STAFF POSITION**: (Mark all that apply.)

XRY	SCT	ABSTRACTOR	NOSOLOGIST
☐ Examiner	☐ Examiner	☐ Medical Record Abstractor	☐ ICD-9-CM
☐ Interpreter	☐ Interpreter		☐ ICD-O-2
☐ QA Examiner	☐ QA Examiner		☐ TNM Staging Coder

4. **EXPERIENCE**: (Complete for all that apply. Appropriate experience must be documented for each position marked in Item 3. Total number refers to lifetime experience.)

XRY: _____ Total number of PA chest x-ray procedures performed.
_____ Total number of PA chest x-ray films interpreted.

SCT: _____ Total number of spiral CT scans performed.
_____ Total number of spiral CT scans interpreted.

ABSTRACTOR: _____ Number of years on the job experience abstracting medical records (attach documentation).
_____ Applicable education background or other experience (attach documentation)

NOSOLOGIST: _____ Number of years on the job experience (attach documentation).

5. **CREDENTIALS**: (Mark all that apply. A photocopy of the document that qualifies the individual for a particular position must be included for each position marked in Item 3.)

XRY:
- ☐ Radiologic Technician, ARRT (Attach copy of ARRT certification.)
- ☐ ABR Board-certified Physician (Attach copy of board certification.)
- ☐ ABR Board-eligible, Physician (Attach copy of physician's license.)
- ☐ Other: ______________________________ (Attach copy of qualifying documentation.)

SCT:
- ☐ Radiologic Technician, ARRT (Attach copy of ARRT certification.)
- ☐ ABR Board-certified Physician (Attach copy of board certification.)
- ☐ ABR Board-eligible, Physician (Attach copy of physician's license.)
- ☐ Other: ______________________________ (Attach copy of qualifying documentation.)

NOSOLOGIST:
- ☐ Certified Coding Specialist, CCS (Attach copy of license.)
- ☐ Registered Health Information Technician, RHIT (Attach copy of certification.)
- ☐ Registered Health Information Administrator, RHIA (Attach copy of certification.)
- ☐ Certified Tumor Registrar, CTR (Attach copy of certification.)
- ☐ Tumor Registrar, CTR eligible.
- ☐ Other: ______________________________ (Attach copy of qualifying documentation.)

6. **TRAINING**: (Complete for all that apply. Required training on protocols and forms must be documented for each Examiner, Interpreter, Trainer/Supervisor and QA Examiner position marked in Item 4

XRY:
- ☐ Protocol for Chest X-ray Exam
- ☐ XRY Form

SCT:
- ☐ Protocol for Spiral CT Exam
- ☐ Spiral CT Form

ABSTRACTOR AND NOSOLOGIST:
- ☐ Diagnostic Evaluation Form

7. **REGISTRATION**: (To be completed by the NCI reviewer.)

This individual is qualified to perform as a Lung Screening Study: (Mark all that apply.)

XRY	SCT	ABSTRACTOR	NOSOLOGIST
☐ Examiner	☐ Examiner	☐ Medical Record Abstractor	☐ ICD-9-CM Coder
☐ Interpreter	☐ Interpreter	☐ ICD-9-CM Coder	☐ ICD-O Coder
☐ QA Examiner	☐ QA Examiner	☐ ICD-O Coder	☐ TNM Staging Coder
		☐ TNM Staging Coder	

Signature of NCI reviewer: ____

Date: ______________________

Comments:

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STAFF ID# ASSIGNMENT: (To be completed by the Screening Center **following NCI approval**.)

Staff ID#: |___|___|___|___|

Date:_____________________