

## Lung Screening Study

**Specifications for Completion of the Record of Experience,  
Credentials and Training (ECT)  
(Examiner/Quality Assurance Examiner/Abstractor/Nosologist Registration Form)**

This form is to be completed for all individuals who are to perform screening examinations, medical records abstraction or coding for the Lung Screening Study. One form should be completed for each individual, including individuals currently registered as staff members for PLCO. When the form is completed and approved by the NCI reviewer, it will be sent back to the Screening Center for assignment of a staff ID number. No individual may perform as a staff member for the Lung Screening Study without a staff ID number.

**Items 1-7 are to be completed by SC staff. Specifications for completion of these items are given below.**

- 1. Screening Center ID:** Enter the 2-digit SC ID number.
- 3. Name of Staff Member to be Registered:** Enter the full (last, first, middle) name of the staff member to be registered.
- 4. Staff Position:** Place a check mark in the box next to each staff position which this individual will assume. Mark all staff positions which apply for this individual.
- 5. Experience:** For each position marked in Item 3, record the approximate total number of examinations/procedures performed or interpreted by the individual in his/her lifetime. For abstractors, record the total years of on-the-job experience abstracting medical records, as well as educational background or other experience. For nosologists, record the number of years of on-the-job coding experience.
- 6. Credentials:** For each position marked in Item 3, place a check mark next to the credential which qualifies the individual for this position. Attach a photocopy of the qualifying documentation requested (such as a license, board certification, etc.).

For each position, the minimum qualifications, as given in the current screening examination protocols, are listed below:

Function	Position	Minimum Qualifications
XRY Exam	Technician Interpreter/QA Examiner	-Certified by the ARRT -ABR board certified or board eligible (chest)
SCT Exam	Technician Interpreter/QA Examiner	-Certified by the ARRT -ABR board certified or board eligible (chest)

<b>Function</b>	<b>Position</b>	<b>Minimum Qualifications</b>
Medical Records Abstraction	Abstractor	<ul style="list-style-type: none"> <li>- knowledge of medical record terminology, anatomy, physiology and concepts of disease</li> <li>- basic medical coding instruction</li> <li>- a minimum of 2 years on-the-job experience abstracting medical records</li> </ul>
Medical Records Abstraction	Nosologist	<ul style="list-style-type: none"> <li>- knowledge of medical terminology, anatomy, and physiology, and concepts of disease</li> <li>- basic medical coding instruction</li> <li>- one or more of the following credentials:               <ol style="list-style-type: none"> <li>1. Certified Coding Specialist (CCS)</li> <li>2. Registered Health Information Technician (RHIT)</li> <li>3. Registered Health Information Administrator (RHIA)</li> <li>4. Certified Tumor Registrar (CTR or CTR eligible)</li> </ol> </li> </ul>

If the individual does not possess any of the credentials listed, but possesses some other credential that the SC feels qualifies the individual for this position, check the box next to "Other" and record the type of credential being submitted. Attach a photocopy of the documentation of this credential.

7. **Training:** For each position marked in Item 3, place a check mark next to each training activity completed by the individual. All Examiners, Interpreters, Trainer/Supervisors and QA Examiners must undergo training on the appropriate examination protocol and form completion.

**Item 7 is to be completed by the NCI reviewer. Specifications for completion of this item are given below.**

8. **Registration:** For each position marked in Item 3, review the experience (Item 4), credentials (Item 5), and training (Item 6) to determine whether or not the individual is qualified to perform in that position for the Lung Screening Study. If so, place a check mark in the box for the appropriate position.

Sign the form and record the date of signature. In the Comments section, record any additional comments regarding this staff member.

**The following item is to be completed by the SC following NCI approval. Specifications for completion of this item are given below.**

**Staff ID# Assignment:** Record the staff ID# and the date it was assigned in the space provided. If an individual is currently a registered staff member for PLCO, the SC Coordinator should assign that person the same staff ID number as his/her PLCO staff ID number.

After completing the form:

- The original ECT form for all newly registered staff should be sent to the CC with the weekly forms transmittal.