

Center of Excellence Recertification Form



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If you are applying for a higher level of certification from a prior application: please fill out the original application template and score your application similar to your first application (no application fee is required).

If you are re-applying for same level of certification you must pay the recertification fee of \$500 ([click here](#) or visit <https://ic-os.info/CenterofExcellenceFee>) and complete this form.

Please be sure to highlight areas of success, ongoing challenges, and how your program has (or plans to) overcome these challenges.

Personal Information

Name: _____

Email Address: _____

Institution Information

Name: _____

Location (address): _____

Type (check all that apply):

- Urban
- Rural
- Academic Center
- Community Center

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What volume of new and/or established cardio-oncology patients do you see PER WEEK? Highlight areas of success, ongoing challenges, and how your program has (or plans to) overcome these challenges.

List all cardio-oncology research projects and publications by your faculty/physicians/allied professionals over the past three years.

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List all educational efforts to which your cardio-oncology team has contributed (*case presentations, invited talks at local / regional / national conferences, grand rounds, nursing education, tumor boards, etc.*) **over the past three years.**

Describe any cardio-oncology quality improvement projects you have developed (*including structured pathways of care, EHR integration or workflows, etc.*) **over the past three years.** Highlight areas of success, ongoing challenges, and how your program has (or plans to) overcome these challenges.

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Describe any cardio-oncology committee or society involvement by your faculty/physicians/allied professionals (*committee or council-level involvement with organizations such as ACC, AHA, ICOS, ASCO, etc.*) **over the past three years.**

Describe programmatic building projects you have completed in the past three years. Highlight areas of success, ongoing challenges, and how your program has (or plans to) overcome these challenges.

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Mentorship: As an IC-OS Center of Excellence, you are leaders in the field of Cardio-Oncology. As leaders, mentorship within your program and outside your program is vital to move the field forward. **Please provide a summary demonstrating how you or your program has provided or will provide support, mentorship, encouragement, training, and collaboration in Cardio-Oncology.**

As part of recertification, **I/we agree to participate in ongoing engagement in the community.** Examples of ongoing engagement include participating in IC-OS committees or working groups, webinars, or annual meetings.

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At least one individual at our center has taken and passed the IC-OS certification exam either prior to or since initial Center of Excellence Designation (**list name below**). If not, I or one of my colleagues (**list name below**) will successfully complete this requirement within one year. **Failure to comply will result in forfeiture of your COE status.**

The mission of IC-OS is to support the advancing cardiovascular care of patients with cancer and survivors by promoting collaboration among researchers, educators, and clinicians around the world. In light of this mission, we would like to gather feedback from our COE designees to ensure the ongoing value of certification. **What benefit(s) has the Center of Excellence Certification been to you/your program?**

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How would you like to see the **IC-OS COE program improved** for the future?

How can **IC-OS continue to be a resource** for you going forward?

A natural extension of the work of the COE is to create a database such that high-achieving programs can measure cardio-oncology quality metrics, report on these metrics, and receive feedback. **Please let us know if you are interested in joining this Centers of Excellence Working Group.**