

SWOG QA Nurse Auditor Application

Name: _____

Institution: _____

Phone # _____ Email Address: _____

Member of SWOG Nursing Committee? Yes No

Prior audit experience: ALLIANCE NRG ECOG-ACRIN

Other _____

Your responsibilities at your institution include:

Head Nurse/CRA

Responsible for treatment cases – solid tumor

Responsible for treatment cases – hematologic

Responsible for cancer control cases

Other: _____

When are you available to do audits?

Please **return** completed application, your CV, and a letter of support from your PI stating you have his/her approval to accept this added responsibility.

Email to: Quality Assurance Manager at qamail@swog.org

If you have questions, please contact Laura Gonzales at 210-614-8808.