CRA Auditor Application  
SOUTHWEST ONCOLOGY GROUP

Name: ______________________________

Institution/CCOP: ______________________________

Telephone # ____________________  FAX # ____________________

Email Address: ______________________________

Your responsibilities at your institution include:

☐ Head CRA
☐ Responsible for treatment cases
☐ Responsible for SELECT cases
☐ Other: ______________________________

________________________________________________________________________

Years of research experience: ______________________________

Prior audit experience: ______________________________

________________________________________________________________________

When are you available to do audits? How many days per year? __________

________________________________________________________________________

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.

Mail, Fax, or Email to: Quality Assurance Manager  
Southwest Oncology Group  
4201 Medical Drive, #250  
San Antonio, TX 78229  
Fax: 210-614-0006  
Phone: 210-614-8808  
Email: qa@swog.org

If you have questions, please contact Elaine Armstrong at the above.