

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.