



Cancer Program Membership Application

1. Applicant Information

This application is for a:

Hospital Physician Group Practice Other (please explain): _____

Hospital/Group Practice Name: _____

Network/System Name (if applicable): _____

Medicare Provider #: _____

Each membership should represent one cancer program, defined as having a single Medicare provider number. If you have questions, call ACCC Membership at 301.984.9496, (ext. 226).

Address: _____

City: _____ State: _____ Zip: _____

Website Address: _____ Phone Number: (_____) _____

Name of Person Completing this Form: _____

Title: _____ Email: _____

2. Primary Contact Information (Delegate Representative)

Each applicant must designate a Delegate Representative to serve as a key contact to ACCC. The Delegate Representative's responsibilities include providing all cancer program staff names to receive benefits, processing the ACCC annual dues invoice, and sharing information about your cancer program.

Name: _____

Degree: _____ Title: _____

Address (if different from above): _____

Email: _____ Telephone Number: (_____) _____

Are you interested in serving on an ACCC committee or task force? Yes No

3. Indicate that Your Cancer Program Meets the Following ACCC Membership Criteria:

- Diagnose and/or treat a minimum of 100 patients per year
- Have access to or participate in a Multidisciplinary Cancer Committee
- Have at least one board-certified medical oncologist, radiation oncologist, or surgeon
- Have at least one oncology-certified nurse (OCN) or one who has been specifically trained in the care of patients with cancer
- Provide oncology social work services (onsite or by referral)

4. Dues Payment

Annual dues are \$1,260 and provide benefits to everyone on your team. If your program or practice is part of a larger network, contact ACCC to inquire about discounts.

Note: ACCC membership is established on a fiscal year basis (July 1 through June 30). New members who join on or after December 1 shall be charged at the rate of one-half the annual dues. The remaining half will be applied towards the following year's dues.

Cancer Program Narrative Description

THIS INFORMATION IS MANDATORY FOR APPLICATION APPROVAL. Please attach a short description of your cancer program, or you may email this text directly to nbanks@acc-cancer.org. Be sure to include your cancer program's full name and address so that we can match your description to this application.

6. Photograph or Logo of Your Cancer Program Facility

A color photograph of your facility will appear on your online page on ACCC's website. You may email the photo in jpg or gif format to nbanks@acc-cancer.org. Logos are accepted in lieu of a photo. (This is not mandatory for application submission but will enhance your program's online profile.)

Hold Harmless Agreement

"By submitting this application, the undersigned applicant agrees not to bring any action, suit, or proceeding or to assert any claim against ACCC or any of its members, officers, agents, or contractors, in law or in equity otherwise, relating to any decisions made in connection with this application or any action taken (or not taken) or any statement made in the course of their consideration of this application, and applicant expressly waives any rights it might otherwise have had to bring any such action, suit, proceeding, or to make any such claim."

Signature: _____ Date: _____

Next Steps

- **Email or Mail this completed form to:**
Association of Cancer Care Centers
Membership Department
1801 Research Blvd. Suite. 400, Rockville, MD 20850
Phone: 301.984.9496
Email: nbanks@acc-cancer.org
- **Request an invoice or submit payment:**
 - To request an invoice, include a written request along with the submitted application
 - To pay by check, please mail a check to the Association of Cancer Care Centers. 1801 Research Blvd., Suite. 400, Rockville, MD 20850.
 - To pay by credit card over the phone, please call 301.984.9496.
- **Send Program Description and Photo or Logo to nbanks@acc-cancer.org**
- Once the completed application, payment, program description, and photo/logo are received, the full package will be forwarded to the ACCC Membership Committee for review and recommendation for approval by the ACCC Board of Directors
- **You will be notified of the Board's decision and, if accepted, notified when your membership is set up in our database and active. Additional instructions will be provided at that time for listed staff members on your Program's membership roster.**