



A **QUALITY PROGRAM**
of the AMERICAN COLLEGE
OF SURGEONS

**NATIONAL ACCREDITATION PROGRAM
FOR BREAST CENTERS**

**NAPBC
MEMBER ORGANIZATION APPLICATION FOR MEMBERSHIP**

Name of organization:

Address:
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Phone:

Website:

Main contact person:

Title:

Phone: E-mail:

Executive Director:

Phone: E-mail:

Year Organization Founded:

Describe any credentialing or accreditation activities (if applicable):

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Please describe why your organization is seeking membership with the NAPBC with a focus on how your organization will add value to the NAPBC.

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Please describe how NAPBC membership will benefit your organization.

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Please indicate the organization’s primary areas of involvement in the field of oncology (check all that apply):

- Cancer registration and/or surveillance
- Cancer patient care services
- Patient education, support, advocacy organization
- Cancer control & prevention efforts
- Professional education in oncology
- Oncology research
- Clinical, professional organization with an oncology focus

If selected for membership, please evaluate your organization and its appointed representative’s ability to meet the following core expectations:

- Serve a minimum, three-year term
- Serve on, and actively participate in, at least one NAPBC standing committee
- Attend, and actively participate in, two in-person Board meetings a year which include the appointed committee and quarterly committee conference calls
- Financially support your representative’s travel to the two in-person meetings
- Report on NAPBC activities annually to your organization’s leadership and constituents

A letter of interest should accompany the application.

Name of individual completing this application (if different from main contact person):

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Position within organization:

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Phone:

E-mail:

Date:

Signature:

Completed applications should be e-mailed to Julia Francescatti at jfrancescatti@facs.org. For questions, contact Julia Francescatti at 312-202-5592.