

## *FACT Inspector Workshop*

The purpose of this workshop is to provide continuing education and training to those persons who have served as on-site inspectors for FACT and/or those qualified individuals interested in becoming FACT inspectors.

- I will attend the FACT Inspector Training Course to be held on February 15, 2006 from 8:00a.m. to 5:00p.m. during the Tandem BMT Meetings in Honolulu, Hawaii.

I am qualified and interested in the following inspector categories:

- HEMATOPOIETIC CELL CLINICAL TRANSPLANT FACILITY**  
Inspector must hold a medical degree and have a minimum of two years of clinical hematopoietic progenitor cell transplant experience.
- HEMATOPOIETIC CELL APHERESIS FACILITY**  
Inspector must hold a relevant doctoral degree (M.D. or Ph.D.) and have formal fellowship training in apheresis or one year experience in hematopoietic cell apheresis procedures; or one year experience as the nurse or technician supervisor or assistant supervisor of peripheral blood progenitor cell collection by apheresis. Inspections of the collection facility performed by personnel without a doctoral degree will be performed in conjunction with the M.D. or Ph.D. inspecting the clinical and/or laboratory of the same program.
- HEMATOPOIETIC CELL MARROW COLLECTION FACILITY**  
Inspector must be qualified as either a clinical or apheresis collection inspector.
- HEMATOPOIETIC CELL LABORATORY FACILITY**  
Inspector must hold a relevant doctoral degree (M.D. or Ph.D.) or a professional degree in biological sciences or medical technology [B.S, M.T. (ASCP or AMT), CLS (NCA), SBB, etc.] and have two years experience as a Director, Medical Director or Supervisor of a Hematopoietic Cell Processing Laboratory. Inspections of the laboratory performed by personnel without a doctoral degree will be performed in conjunction with the M.D. or Ph.D. inspecting the clinical and/or collection facility of the same program.

My facility has applied for FACT accreditation:  Yes  No  
My application and CV are on file in the FACT Office:  Yes  No

*(Please print clearly)*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Last 4 digits of Social Security#: \_\_\_\_\_

Institution: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax this completed registration form to (402) 559-1951 or call (402) 559-1950 if you have any questions.

FACT Accreditation Office, University of Nebraska Medical Center,  
986065 Nebraska Medical Center, Omaha, NE 68198-6065