**Training and Competency Form: FACT-JACIE Standards, Version 7.0**

This form is provided as a tool for documenting training and competency required of Clinical Program Directors, attending physicians, physicians-in-training, and advanced practice providers/professionals (as applicable). Confirmation that training was provided and competency was assessed during the current accreditation cycle in each of the following areas must be provided to FACT prior to an on-site inspection. Equivalent documentation is acceptable so long as all information below is included.

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| Name: |  |
| Position: |  |

| **Topic** | **Yes** | **No** | **N/A** | **Comment** |
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| ***Specific training and competency in each of the following for both autologous and allogeneic transplantation:*** | | | | |
| B3.3.4.1 Indications for allogeneic and autologous HPC for transplantation. |  |  |  |  |
| B3.3.4.2 Selection of suitable recipients and appropriate preparative regimens. |  |  |  |  |
| B3.3.4.3 Donor selection, evaluation, and management. |  |  |  |  |
| B3.3.4.4 Donor and recipient informed consent. |  |  |  |  |
| B3.3.4.5 Administration of preparative regimens. |  |  |  |  |
| B3.3.4.6 Administration of growth factors for HPC mobilization and for post-transplant HPC reconstitution. |  |  |  |  |
| B3.3.4.7 Cellular therapy product administration and patient management. |  |  |  |  |
| B3.3.4.8 Management of neutropenic fever. |  |  |  |  |
| B3.3.4.9 Diagnosis and management of infectious and non-infectious pulmonary complications of transplantation. |  |  |  |  |
| B3.3.4.10 Diagnosis and management of fungal disease. |  |  |  |  |
| B3.3.4.11 Diagnosis and management of sinusoidal obstruction syndrome and other causes of hepatic dysfunction. |  |  |  |  |
| B3.3.4.12 Management of thrombocytopenia and bleeding, including recognition of disseminated intravascular coagulation. |  |  |  |  |
| B3.3.4.13 Management of hemorrhagic cystitis. |  |  |  |  |
| B3.3.4.14 Blood transfusion management. |  |  |  |  |
| B3.3.4.15 Use of irradiated blood products. |  |  |  |  |
| B3.3.4.16 Management of mucositis, nausea, and vomiting. |  |  |  |  |
| B3.3.4.17 Monitoring and management of pain. |  |  |  |  |
| B3.3.4.18 Cytokine release syndrome. |  |  |  |  |
| B3.3.4.19 Tumor lysis syndrome and macrophage activation syndrome. |  |  |  |  |
| B3.3.4.20 Neurologic toxicity. |  |  |  |  |
| B3.3.4.21 Cardiac dysfunction. |  |  |  |  |
| B3.3.4.22 Renal dysfunction. |  |  |  |  |
| B3.3.4.23 Respiratory distress. |  |  |  |  |
| B3.3.4.24 Anaphylaxis. |  |  |  |  |
| B3.3.4.25 Infectious and noninfectious processes. |  |  |  |  |
| B3.3.4.26 Diagnosis and management of HPC graft failure. |  |  |  |  |
| B3.3.4.27 Diagnosis and management of immunodeficiencies and opportunistic infections. |  |  |  |  |
| B3.3.4.28 Evaluation of post-transplant cellular therapy outcomes. |  |  |  |  |
| B3.3.4.29 Evaluation of late effects of cellular therapy. |  |  |  |  |
| B3.3.4.30 Documentation and reporting for patients on investigational products. |  |  |  |  |
| B3.3.4.31 Applicable regulations and reporting responsibilities for adverse events. |  |  |  |  |
| B3.3.4.32 Palliative and end of life care. |  |  |  |  |
| B3.3.4.33 Age-specific donor and recipient care. |  |  |  |  |
| ***Specific training and clinical competency in each of the following for allogeneic transplantation:*** | | | | |
| B3.3.5.1 Identification, evaluation, and selectin of HPC source, including use of donor registries. |  |  |  |  |
| B3.3.5.2 Donor eligibility determination. |  |  |  |  |
| B3.3.5.3 Methodology and implications of HLA typing. |  |  |  |  |
| B3.3.5.4 Management of patients receiving ABO incompatible HPC products. |  |  |  |  |
| B3.3.5.5 Diagnosis and management of acute GVHD. |  |  |  |  |
| B3.3.5.6 Diagnosis and management of chronic GVHD. |  |  |  |  |
| ***Knowledgeable in the following procedures for both autologous and allogeneic transplantation:*** | | | | |
| B3.3.6.1 Apheresis collection procedures. |  |  |  |  |
| B3.3.6.2 Bone marrow harvest procedures. |  |  |  |  |
| B3.3.6.3 Cellular therapy product processing. |  |  |  |  |
| B3.3.6.4 Cellular therapy product cryopreservation. |  |  |  |  |
| B3.3.6.5 Washing and diluting of cellular therapy products. |  |  |  |  |
| B3.3.6.6 Cellular therapy product administration procedures. |  |  |  |  |
| B3.3.6.7 Extracorporeal photopheresis GVHD. |  |  |  |  |

**Reviewer Signature and Date (must be signed by someone other than personnel being assessed):**