**Common Standards Third Edition Training and Competency Form**

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 if all information below is included.

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| **Name:** |  |
| **Position:** |  |

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| **Topic** | **Yes** | **No** | **N/A** | **Comment** |
| ***Specific training and competency in each of the following:*** |
| B3.3.1.1 Indications for cellular therapy. |  |  |  |  |
| B3.3.1.2 Selection of suitable recipients and appropriate cellular therapy products. |  |  |  |  |
| B3.3.1.3 Donor selection, evaluation, and management. |  |  |  |  |
| B3.3.1.4 Donor and recipient informed consent. |  |  |  |  |
| B3.3.1.5 Administration of cellular therapy products and anticipated complications. |  |  |  |  |
| B3.3.1.6 Administration of preparative regimen. |  |  |  |  |
| B3.3.1.7 Adverse events associated with cellular therapy. |  |  |  |  |
| B3.3.1.8 Management of complications related to the administration of cellular therapy products. |  |  |  |  |
| B3.3.1.9 Evaluation of post-treatment cellular therapy outcomes. |  |  |  |  |
| B3.3.1.10 Evaluation of late effects of cellular therapy. |  |  |  |  |
| B3.3.1.11 Documentation and reporting for patients on investigational protocols. |  |  |  |  |
| B3.3.1.12 Reporting responsibilities for adverse events according to Applicable Law. |  |  |  |  |
| ***Specific clinical training and competency in each of the following for allogeneic cellular therapy:*** |
| B3.3.2.1 Identification, evaluation, and selection of cell source, including use of donor registries. |  |  |  |  |
| B3.3.2.2 Donor eligibility determination. |  |  |  |  |
| B3.3.2.3 Methodology and implications of HLA typing. |  |  |  |  |
| B3.3.2.4 Methodology and implications of testing for chimerism. |  |  |  |  |
| B3.3.2.5 Management of patients receiving ABO incompatible cellular therapy products. |  |  |  |  |
| ***Knowledgeable in the following:*** |
| B3.3.3.1 Cellular therapy product collection. |  |  |  |  |
| B3.3.3.2 Cellular therapy product processing. |  |  |  |  |
| B3.3.3.3 Cellular therapy product cryopreservation. |  |  |  |  |
| B3.3.3.4 Cellular therapy product shipping and transportation. |  |  |  |  |
| B3.3.3.5 Cellular therapy product storage. |  |  |  |  |

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

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