

Radiation Therapy Program Clinical Observation Record

To the Applicant:

Applicants to the Radiation Therapy Program are required to complete a four-hour observation at a Radiation Therapy department prior to reporting for an interview with the Admissions Committee. During the observation period, the applicant is expected to observe radiation therapist(s) as they perform treatment procedures. Applicants are encouraged to make an observation appointment well in advance, then forward this completed form to:

University of South Alabama
Department of Radiologic Sciences
Attn: Admission Committee
Suite 2515
1504 Springhill Avenue
Mobile, AL 36604-3207

Pledge of Confidentiality:

I understand that it is my duty to maintain confidentiality regarding all information learned about patients, employees, and the operation of the organization during my observation period. By signing below, I understand that violating this pledge will result in ineligibility for admission to the program and possible legal action.

Signed _____ Date _____

To the Radiation Therapy facility:

Please allow the applicant to observe treatment delivery and at least one simulation procedure. Applicant may be given a tour of various areas of the department, but priority should be given to observation of external beam treatment delivery and simulation. Radiation therapist should complete and sign below.

To the radiation therapist:

Briefly describe treatment procedure(s) observed: (i.e., 4F pelvis, IMRT pelvis, intact breast, bilateral H & N with post strips, whole brain, etc.)

Briefly describe simulation procedure(s) observed: (i.e., 4F pelvis with contrast, L/S spine, intact breast with fabrication of custom immobilization device, etc.)

Applicant name _____

Radiation Therapy facility name _____

Date and time of observation: Date _____ Time _____ to _____

Radiation therapist signature _____