

# 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: Radiation Therapy Admission Committee  
HAHN 3015  
5721 USA Drive N  
Mobile, AL 36688-0002

### 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: ~~Signature~~ Date and sig blow**

### **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 \_\_\_\_\_