

LOMA LINDA UNIVERSITY

School of Allied Health Professions

Bachelor of Science Radiation Therapy Applicant Observation Form

To the Chief or Supervisory Technologist:

The following applicant, _______, has applied to the Bachelor of Science Radiation Therapy Program at Loma Linda University. As part of the application procedure, this prospective student is being asked to spend a minimum of forty (40) hours (over a mutually agreeable time span) in a Radiation Therapy Department or clinic. This will, hopefully, enable him/her to have a more realistic and knowledgeable view of the profession.

We would appreciate your taking the time to briefly talk to this individual about the profession, giving some idea of what a radiation therapist actually does, what type of working conditions might be expected, and what the pay scale is in your area, etc. We would like the applicant to observe as many different types of treatment set-up as possible.

 () CT simulation () Treatment machines () List other significant areas or exams observed:	erapist profession and he/she has observed the exams indicated ab	 ove.
Supervisory Therapist:	Position:	
Signature:	Date:	
Facility Name:		
Facility Address:		
Facility Phone:		

After the applicant has completed this requirement, please check and sign this form, faxing it to the SAHP Department of Radiation Technology, (909) 558-7965. Thank you for your time and effort in helping this applicant become better acquainted with our profession.

Sincerely,

Carol A.L. Davis

Carol A.L. Davis, PsyD, DrPH, RTT Program Director Department of Radiation Technology

> A Seventh-day Adventist Institution DEPARMENT OF RADIATION TECHNOLOGY | Loma Linda, California 92350 (909)558-4931 Ext. 82368 · fax (909) 558-7965 · www.llu.edu/llu/sahp/radtech