



LOMA LINDA UNIVERSITY
School of Allied Health Professions

Radiation Therapy | Applicant Observation Form

To the Chief or Supervisory Technologist:

The following applicant, _____, has applied to the Radiation Therapy Technology 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 in the area where the applicant lives. 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-ups as possible.

- () CT simulation
- () Treatment Machines
- () Physics/Dosimetry
- () Clinic/Nursing

Supervisory Therapist: _____ Position: _____

Signature: _____ Date: _____

Facility Name: _____

Facility Address: _____

Facility Phone: _____

After the applicant has completed this requirement, please check and sign this form, returning it to the SAHP Department of Radiation Technology, NH A829. The applicant should provide the necessary postage. 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, MA, RTT
Program Director
Department of Radiation Technology
School of Allied Health Professions
Loma Linda University