



# LOMA LINDA UNIVERSITY

## School of Allied Health Professions

Bachelor of Science Radiation Therapy Program  
-Documentation of Observation Form

**Part 1:** To be completed by the applicant

To the applicant: Complete part 1 of this form and present this form to the radiation therapist who will be providing your documentation of observation.

Name \_\_\_\_\_

Facility \_\_\_\_\_

Dates of Observation \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Part 2:** To be completed by the supervising Radiation Therapist

To the Radiation Therapist: The above applicant has applied to the Bachelor of Science Radiation Therapy Program at Loma Linda University. As part of the application process the prospective student is being asked to spend a minimum of twenty-four (24) hours 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 his 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. We would like the applicant to observe as many different types of treatment set-ups as possible.

	Excellent	Above Average	Average	Below Average	Lacking Information
Initiative					
Attitude					
Attentiveness					
Interest					
Self-Confidence					
Maturity					
Communication Skills					
Behavior					

Applicant Strengths: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_ I recommend this applicant for admission without reservation.

\_\_\_\_ I recommend this applicant for admission with reservation. Please Describe

\_\_\_\_ I do not recommend this applicant for admission.

RTT's Signature

Position/Title

Facility

Date

NOTE: Radiation Therapist: Please DO NOT give this observation to the student. Fax: to Dolly Kisinger @ (909) 558-0264 or Email: Dolly Kisinger @ [dkisinge@llu.edu](mailto:dkisinge@llu.edu)