Medical Dosimetry Applicant Observation Form

To the Chief or Supervisory Technologist:

The following applicant, ______________________________, has applied to the Medical Dosimetry Certificate Program at Loma Linda University. As part of the application procedure, this prospective student is being asked to spend a minimum of eight (8) 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 medical dosimetrist 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 plans/set-up as possible.

( ) CT simulation
( ) Treatment machines
( ) Computerized Treatment Plans
( ) MU calculations

Supervisory Dosimetrist: ____________________________ 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