

**CARTI Radiation Therapy Program
Clinical Observation Form**

To the Applicants:

The CARTI Radiation Therapy Program requires a minimum of four-hour observation at a radiation oncology clinic/department as part of the application and admissions process. The applicant is expected to observe radiation therapist(s) as they perform treatment and simulation procedures. Forward this completed form to the program in one of the following ways:

Mail: CARTI Radiation Therapy Program
Attn: Program Director
P.O. Box 55050
Little Rock, AR 72215

Email: Sheila.randolph@carti.com

Pledge of Confidentiality:

I understand that while in observance of staff, I could have access to patient care and institutional data. I understand 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:

Please allow the applicant to observe treatment delivery and at least one simulation procedure. Applicant may be given a tour of various areas of the department, but priority should be given to observation of external beam treatment delivery and simulation. Radiation therapist should complete and sign below.

To the Radiation Therapist:

Briefly describe treatment procedure(s) perspective student was able to observe: (i.e., conventional pelvis, IMRT pelvis, intact breast, H&N, whole brain, etc.)

Briefly describe simulation procedure(s) perspective student was able to observe:

Applicant name _____

Facility Name _____

Date and time of observation: Date _____ Time _____ to _____

Radiation therapist signature: _____