



**RADIATION THERAPY PROGRAM
COMPLETED OBSERVATION FORM**

FORM TO BE FILL OUT BY PROSPECTIVE STUDENT AND SUBMITTED WITH PROGRAM APPLICATION

Name of Applicant: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

The applicant above has completed observation time at the named facility(s) listed below:

Name and Address of Facility: (Please print)

1. _____ **Clock Hours:** _____ **Dates:** _____

_____ **Supervisor:** _____
_____ **Telephone Number:** _____

Name and Address of Facility: (Please print)

2. _____ **Clock Hours:** _____ **Dates:** _____

_____ **Supervisor:** _____
_____ **Telephone Number:** _____

Name and Address of Facility: (Please print)

3. _____ **Clock Hours:** _____ **Dates:** _____

_____ **Supervisor:** _____
_____ **Telephone Number:** _____

Name and Address of Facility: (Please print)

4. _____ **Clock Hours:** _____ **Dates:** _____

_____ **Supervisor:** _____
_____ **Telephone Number:** _____

Name and Address of Facility: (Please print)

5. _____ **Clock Hours:** _____ **Dates:** _____

_____ **Supervisor:** _____
_____ **Telephone Number:** _____

I authorize the above named facility(s) to release any information regarding my observation experience to the OHSU Radiation Therapy Program. I understand that submitting any false information to OHSU will make my application for admission subject to denial, or will result in expulsion from the program. I also understand that all documents submitted to the OHSU Radiation Therapy Program become the property of OHSU and will not be returned to me.

Applicant signature: _____ **Date:** _____
(Required)