



# Radiation Therapy Program Documented Observation Form

**STUDENTS MUST SUPPLY THE FOLLOWING FORM TO OBSERVING CLINIC. OBSERVATION FORM MUST BE FILLED OUT BY OBSERVING CLINICIAN OVERSEEING STUDENT AND RETURNED TO OHSU RADIATION THERAPY PROGRAM.**

This form is used to document the total number of observation hours acquired by the radiation therapy student applicant. Applicants are encouraged to observe the practice of radiation therapy in a variety of health care settings. It is strongly encouraged that observation hours be accumulated from more than one facility.

The purpose of this requirement is for the applicant to gain a greater appreciation for the practices of radiation therapy and at the same time facilitate their decision to pursue a degree in this profession.

Your time is greatly appreciated in providing this valuable learning opportunity.

Please fill out the following information below and return by one of the following means:

**MAIL:**

Attn: Kristi Toning  
OHSU Radiation Therapy Program  
2730 SW Moody AVE, Mail Code CL5RT  
Portland, OR 97201

**SCANNED COPY:**

Please email a scanned copy to Kalistah Cosand,  
[cosand@ohsu.edu](mailto:cosand@ohsu.edu)

**Name of Applicant:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Total Hours Applicant Spent in your Facility:** \_\_\_\_\_

**Additional Comments:**

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**Name of Radiation Therapist:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_