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 Tonning
OHSU Radiation Therapy Program
2730 SW Moody AVE, Mail Code CL5RT
Portland, OR 97201

Name of Applicant: ____________________________________________________________

Applicant Signature: ___________________________________________ Date: __________

Name of Facility: ______________________________________________________________

Total Hours Applicant Spent in your Facility: __________________________________________

Additional Comments:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name of Radiation Therapist: __________________________________________________

Signature: __________________________ Date: __________