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 BY THE CLINIC. WE CANNOT RECEIVE THIS FORM FROM STUDENT.

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 S Moody Ave, Mail Code CL5RT
Portland, OR 97201

E-MAIL:
Please email the completed/signed form to
Kalistah Cosand, cosand@ohsu.edu

Name of Applicant: _____

Observation Date: _____

Name of Facility: _____

Total Hours Applicant Spent in your Facility: _____

Additional Comments:

Name of Radiation Therapist: _____

Signature: _____ **Date:** _____

Kristi Tonning, Program Director
503-494-6708 | tonning@ohsu.edu