

DOCUMENTATION OF OBSERVATION FORM*

PART 1: TO BE COMPLETED BY THE APPLICANT

To the applicant: Upon completion of observation, present this form with a self-addressed stamped envelope to the radiation therapist who will be providing your documentation of experience. Write your name and address on the envelope and when it has been returned to you, enclose the SEALED envelope with the rest of your application materials. (Hand delivery of SEALED envelope to applicant is acceptable.)

Name _____ Dates of Observation _____

Facility _____

Supervising Radiation Therapist _____

Radiation Therapist Contact Information _____

Total of Number of Days Spent Observing _____ Total Hours _____

Signature of Applicant Date

PART 2: TO BE COMPLETED BY THE SUPERVISING RADIATION THERAPIST

Please answer the following questions concerning this applicant to the best of your ability. Your comments will be greatly appreciated.

	Excellent	Above Average	Average	Below Average	Lacking Information
Initiative					
Attitude					
Attentiveness					
Interest					
Self-Confidence					
Maturity					
Communication Skills					
Behavior					

Applicant Strengths: _____
