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. Observation documentation will be considered as part of your formal application packet.

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