

UAMS/CARTI Medical Dosimetry Program
Professional Observation

This note attests that _____ visited our Radiation Oncology Clinic for a professional observation. This observation is a pre-requisite requirement for applying to the Medical Dosimetry program at the College of Health Related Professions of University of Arkansas for Medical Sciences

Date: _____ Clinic Name: _____ Total Hours: _____

List of observations:

- Tour of the facility
- External beam treatment planning observation (conventional, 3D, IMRT)
- Brachytherapy treatment planning observation
- CT and simulation of patients
- Treatment delivery
- Discussion with medical dosimetrist about the profession
- Discussion with medical physicist about the profession
- Discussion with physician about the profession
- Other _____

Comments:

Signature: _____

Print Name: _____

Telephone: _____ email: _____

Please return the completed form to the following address:

Department of Radiation Oncology
Medical Dosimetry Program
University of Arkansas for Medical Science
4301 West Markham, Slot 771
Little Rock, AR 72205