

Carolinas College of Health Sciences Radiation Therapy Program

Clinical Observation Evaluation Form

To the Applicant:

1. Complete the applicant information in SECTION I.
2. Applicants are responsible for scheduling their clinical observation with the Radiation Therapy department of their choice.
NOTE: An eight (8) hour clinical observation is required. Six (6) of these hours must be completed in the treatment area on a linear accelerator. The remaining two (2) hours must be completed in any combination of the following areas: simulation, dosimetry or nursing. If you desire to complete your clinical observation at one of the program's approved clinical affiliates, please contact Lee Braswell at 704-355-6937 for assistance.
3. Complete the clinical observation dates/times in SECTION II.
4. Provide this form to the Radiation Therapist with whom you work most closely in the treatment area during your clinical observation, along with a stamped envelope preaddressed to:

Admissions Office
Carolinas College of Health Sciences
915 Pearl Park Way, Suite 110, Charlotte, NC 28204

NOTE: Make the Radiation Therapist aware of the deadline by which the completed Clinical Observation Evaluation Form must be postmarked or received by the College.

5. It is the applicant's responsibility to follow-up with the Radiation Therapist and with the College to assure the forms are completed and postmarked or received by the College by the deadline.
6. Applicants complete the Clinical Observation Personal Reflection Form and return it in a sealed envelope to the address listed above.

NOTE: Be aware of the deadline by which the completed Clinical Observation Personal Reflection Form must be postmarked or received by the College.

SECTION I: (Applicant Completes This Section)

Applicant Name: _____ Applicant's Phone: _____
(Last) (First) (Middle/Maiden)

Please indicate your status by placing an "X" in one of the option boxes provided.

- ☐ I am currently enrolled in a JRCERT accredited Radiologic Technology program.
Radiologic Technology Program Attending: _____
- ☐ I have graduated from a JRCERT accredited Radiologic Technology program and I am registry eligible.
Anticipated Date of Exam: _____
- ☐ I have graduated from a JRCERT accredited Radiologic Technology program and I hold current, unencumbered ARRT certification in Radiologic Technology. ARRT #: _____

Signature of Applicant: _____ Date: _____

SECTION II: (Applicant Completes This Section)

Area of Observation				Time In	Time Out	Total Time	Date
<input type="checkbox"/> Treatment	<input type="checkbox"/> Simulation	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Nursing				
<input type="checkbox"/> Treatment	<input type="checkbox"/> Simulation	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Nursing				
<input type="checkbox"/> Treatment	<input type="checkbox"/> Simulation	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Nursing				
<input type="checkbox"/> Treatment	<input type="checkbox"/> Simulation	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Nursing				
<input type="checkbox"/> Treatment	<input type="checkbox"/> Simulation	<input type="checkbox"/> Dosimetry	<input type="checkbox"/> Nursing				

To The Radiation Therapist:

1. This applicant has been provisionally accepted in the Radiation Therapy Program at Carolinas College of Health Sciences pending documentation of 8 hours of clinical observation in a Radiation Therapy department and submission of the clinical observation evaluation form and personal reflection form.
2. Your candid and objective assessment of the applicant's personal and professional characteristics is appreciated and is required to complete the application process.

NOTE: The applicant must provide you with this evaluation form along with a stamped preaddressed envelope.

NOTE: Evaluation forms will not be accepted unless postmarked or received by the College by the deadline.

Please use the evaluation form below to rate the applicant. All categories MUST be rated by placing an "X" in the appropriate column.

Personal & Professional Characteristics	Superior	Good	Average	Poor	Unacceptable
	4	3	2	1	0
1. Critical Thinking: Asks logical questions, uses common sense, appears to organize responsibilities and manage time					
2. Organization: Completes and submits clinical observation evaluation form in a timely manner, maintains neatness					
3. Interpersonal Skills: Interacts effectively with others, is courteous and cooperative, thoughtful and gentle with patient					
4. Written Communication: Possesses the ability to read, comprehend, and follow written instructions					
5. Oral Communication: Clearly and concisely conveys instructions and assesses comprehension, appears to be a good listener, can follow verbal instructions, recognizes and responds appropriately to non-verbal cues					
6. Mental Capacity: Appears able to work in stressful and emotional conditions, appears to learn quickly					
7. Maturity: Appears receptive to constructive criticism, demonstrates self-confidence, does not make excuses					
8. Work Performance & Motivation: Actively engaged in clinical procedures, appears enthusiastic and eager to learn					
9. Dependability: Appears responsible, accurate and precise, follows through on tasks and finishes what they start					
10. Professional Presentation: Appears to be honest, ethical, responsible and forthright about errors or uncertainty, attentive to patient comfort and safety					
11. Poise & Self Control: Contributes knowledge or opinion in a mature tactful manner					
12. Adaptability: Readily adapts to new or changing conditions, appears to be upbeat and displays a positive attitude					
13. Attendance: Arrives for all scheduled clinical observations, stays in their assigned area of observation					
14. Punctuality: Arrives early or on-time for all scheduled clinical observations					

To The Radiation Therapist:

1. Please complete SECTION III below.

SECTION III: (Radiation Therapist Completes This Section)

The applicant is pursuing a professional career program. Which best describes your response to this applicant's pursuit of a responsible position as a Radiation Therapist:

☐ **Highly Recommend** ☐ **Recommend** ☐ **Recommend with Reservations** ☐ **Do Not Recommend**

By signing this form, I verify that the applicant completed 8 hours of clinical observation in a Radiation Therapy department (6 hours in Treatment and 2 hours in Simulation, Dosimetry, or Nursing), as documented in SECTION II. of this form.

Radiation Therapist Name (PRINT): _____

Radiation Therapist Signature: _____ Date: _____

Radiation Therapist Phone: (____) _____ Radiation Therapist Email: _____

Name of Facility Observed: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Comments:

SECTION IV: (For College Use Only: Not Used for Ranking)

FINAL SCORE: _____