

Radiation Therapy Program applicants should bring this form with them to the clinical site visit.

Requirement: Each applicant seeking admittance into the School of Health Professions Radiation Therapy program is required to visit a Radiation Therapy Department to observe its operation for a minimum of 16 clock hours.

Prior to arrival

1. Contact the Radiation Therapy Program Office at djwhiteing@mdanderson.org.
 - a. Indicate your preference of a clinical site visit at MD Anderson or at an alternate location.
 - b. Complete, scan and attach a signed copy of the Site Visitor Profile Form.
2. When you receive a response, note your scheduled day and time carefully. In the event of an emergency, notify the Radiation Therapy Program as soon as possible to reschedule.

On the day of your visit

1. When you come for the visit, dress in a manner appropriate to a professional environment. Specifically, this means:
 - ✓ Do not wear blue jeans, tennis shoes or a t-shirt.
 - ✓ Do not wear strong fragrances or heavy make-up.
 - ✓ Do not wear open-toe shoes, sandals or flip-flops.
 - ✓ Skirts or dresses should fall below the knee.
 - ✓ Flats are preferred over high-heeled shoes.
 - ✓ A white lab coat is required and must be worn at all times during the visit.
2. The minimum visitation time is 16 hours but you may stay longer if you wish. Remember that the purpose of this visit is to permit you to observe a functional radiation oncology department and to speak with those already working in the radiation therapy profession. Stay as long as you need to give you a clear understanding of what is involved in this career choice.
3. During the visitation, please remain in the area assigned by the Clinical Supervisor.
4. If you have questions, do not hesitate to ask. Be careful, however, of asking questions while in the presence of a patient. Wait until the patient has left the area.

Note that anything you may observe in the clinic is strictly confidential and protected under HIPAA, the U.S. Government ruling that protects the privacy of individually identifiable health information.

5. **Bring this form with you.** The Radiation Therapist present at your clinical site visit will complete the portion below to document the time spent during your observation. In addition, be certain to give the Radiation Therapist at your site a copy of the Clinical Site Visit Evaluation Form.

Observation Experience

Facility _____

Location _____

Total Observation Hours _____ Observation Dates _____

Name of Radiation Therapist or Supervisor _____

Facility _____

Location _____

Total Observation Hours _____ Observation Dates _____

Name of Radiation Therapist or Supervisor _____

Facility _____

Location _____

Total Observation Hours _____ Observation Dates _____

Name of Radiation Therapist or Supervisor _____