

# ***COLLEGE OF DUPAGE***

## **Proton Therapy Program Advanced Certificate**

**Spring 2021**

**Application Deadline: December 10, 2020 at 5 pm**

**Note:** Please see specific program registration or admission packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/ source, [CastleBranch.com](http://CastleBranch.com), insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed.

**Note:** Students are not accepted into this program until they receive an official acceptance letter from the College of DuPage Nursing & Health Sciences Division.

COLLEGE OF  
DUPAGE  
Health and Sciences Division  
425 Fawell Blvd.  
Glen Ellyn, IL. 60137-6599  
[www.cod.edu](http://www.cod.edu)  
PHONE 630 942-8331 FAX 630 942-4222

Dear Applicant:

Thank you for your interest in the Proton Therapy Program at College of DuPage. This packet of information has been developed to provide you with a complete overview of our program, including the process for admission.

Although the program is considered a one-year certificate program, students must be a graduate of an accredited Radiography or Nuclear Medicine program. They also must have completed a radiation therapy program and/or are currently working as a radiation therapist.

We have made every effort to make the information in this packet complete, however, should you have further questions please contact me.

Sincerely,

Jeffrey Papp, Ph.D. RT(R) (QM)  
Professor/Program Coordinator  
Radiation Therapy/Proton Therapy  
[pappje@cod.edu](mailto:pappje@cod.edu)  
(630)942-2074  
HSC 2207S

## **Program Information Disclaimer**

This program information is published for that purpose only; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice, graduation requirements, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in this program information packet in accordance with College of DuPage policies and procedures.

## **Program Mission Statement**

The mission of the Proton Therapy Advanced Certificate program is to provide the student with a comprehensive education in proton therapy. Participants will complete the program with the knowledge and skills necessary to function as a competent and compassionate proton therapy professional.

## **Advising Sessions**

Your first step to finding out additional information for any health sciences program should be to attend an advising session. Please check [Advising Sessions](#) for current information.

## **Proton Therapy Technology Program Policy**

### **Regarding Cooperative College District Applicants**

Qualified applicants, who are residents of the State of Illinois, will be given preference when seeking admission to the Program. Students who are not residents of the College of DuPage district may obtain a charge-back from their own community college district and pay the in-district tuition rate.

## **Statement on Medical Care and Health Insurance**

Students are responsible for their own medical care and health insurance while in the program. Students must possess health care insurance in order to train at the clinical affiliate. The student is responsible for any costs that may be incurred related to personal injuries he/she may acquire while performing activities at the clinical affiliate. The affiliating clinical facility and/or College of DuPage cannot be held liable for such injuries. Please visit the [Student Health Insurance](#) website for additional details. Students are required to provide evidence of current health insurance coverage. Please follow specific guidelines as instructed for submitting proof of insurance.

## **Statement on Medical Malpractice Insurance**

Malpractice insurance is required and is included in the clinical education tuition costs on an annual basis. That is, the cost of the insurance is included with the tuition costs for RATH 2353. Students must be officially registered and listed on the instructor's class roster to be covered by the malpractice insurance.

## **Statement on Transportation**

Students are responsible for finding their own transportation to and from the College and Clinical Site. No special accommodations will be made for students with transportation problems.

## **Statement on Health and Public Service Program Discipline Procedures**

All students must have a **signed** acknowledgement of the Discipline Procedure (attached) on file with the Proton Therapy Program upon admission. Students will also receive specific rules and policies for the Proton Therapy Program to sign upon admission.

## **Citizenship/Visa Status**

If you are not a U.S. citizen or a permanent resident of the U.S., and if you have any questions or concerns regarding your eligibility to participate in health sciences programs, please contact the **International Student Office**, SSC 2225, (630) 942-3328, e-mail: [intlstdt@cod.edu](mailto:intlstdt@cod.edu).

Qualified applicants will be considered out-of-district in the admissions ranking process if they are **not** a:

- U.S. citizens
- Permanent residents

### **Statement on Transfer of Credit**

The acceptance of transfer credit from other institutions is at the sole discretion of the Records/Graduation office. Any questions regarding credit should be directed to their office at (630) 942-3838

### **Non-discrimination Statement**

The College prohibits discrimination in its admissions, employment, and educational programs or activities on the basis of race, color, sex, religion, creed, national origin, age, ancestry, marital status, sexual orientation, gender identity and expression, arrest record, military status or unfavorable military discharge, citizenship status, and physical or mental disability. The College will protect an individual's right to express their viewpoint or opinion, so long as it does not violate State or Federal law and is not detrimental to the College.

This Policy against discrimination applies throughout all College environments, whether on campus, at work assignments off campus, at College-sponsored social functions, or otherwise.

Procedures to facilitate the College's prohibition of discrimination will be promulgated consistent with the Policy. (Board Policy 20-5).

### **Student E-Mail Policy**

College of DuPage will send all official communications to you through your official COD email (dupage.edu). You will no longer be able to use a preferred email account. You do have the option to forward these communications to a personal email account if you wish.

Check out your COD email to get the message about:

- Official COD communications
- Financial aid communications
- Petition to graduate
- Transfer credit evaluation
- Prerequisite proof Sensitive
- FERPA-related communications
- Transcript order Important messages from instructors

[https://cod.edu/student\\_life/resources/information\\_technology/email/email-policy.aspx](https://cod.edu/student_life/resources/information_technology/email/email-policy.aspx)

### **Statement on Drug Testing and Criminal Background Testing**

Students accepted into the Proton Therapy Program are subject to mandatory drug testing performed at the student's expense and performed in accordance with college policy. It should also be noted that criminal background checks will also be required.

### **Criminal Background Check Information**

All health care workers and students in a health care program are required to undergo a criminal background check in order to train in a clinical setting. A student with a positive background check containing disqualifying conditions as defined in accordance with the Health Care Worker Background Check Act ([225 ILCS 46](#)) and 77 Ill Adm. Code 955 Section [955.160](#) will not be allowed to enter the clinical portion of the program, thus preventing the student from obtaining mandated certification and/or licensure in Diagnostic Medical Sonography.

**PLEASE NOTE** if you have been found guilty of a felony, you may have difficulty obtaining a license and/or becoming registered to practice in this profession.

## TECHNICAL STANDARDS FOR ACCEPTANCE

To participate in the clinical education portion of the Program, the applicant must possess additional non-academic skills. These technical standards are consistent with the duties of the entry-level radiographer in a professional position. The applicant should have:

- The ability to transport, move, lift and transfer patients from a wheelchair or stretcher to and from the treatment and/or simulation table.
- The ability to move, adjust, manipulate equipment to perform simulation and therapeutic procedures.
- Sufficient visual acuity to observe patients and equipment operation during treatment, as well as read the patient's radiation reports and medical information. Hearing also must be adequate to perceive and interpret audio signals from equipment, and to respond to patients' questions or concerns.
- The ability to communicate clearly, both orally and in writing, with patients, doctors and other personnel, and the ability to follow written and verbal directions.
- The ability to view computer monitors for extended periods.
- Sufficient problem-solving skills and the ability to perform these skills in a timely manner. Such skills include, but are not limited to, measuring, calculating, analyzing, and evaluating medical and technological information, and synthesizing this information in a way that facilitates troubleshooting problems and/or responding to emergency situations.

## PROGRAM GOALS

1. The primary goal of the program is to educate competent, efficient, and effective Proton Therapists, capable of functioning in any environment, within 12 months.
2. Provide a complete, up-to-date, competency-based curriculum.
3. Educate the student to properly administer therapeutic doses of radiation to patients according to established professional practices.
4. Support the development of a diverse set of skills necessary to participate in both current and emerging technologies in radiation oncology.
5. To promote development of integrative, critical thinking, and written, verbal and computer-based communication skills.
6. Provide accurate student advisement to aid in student retention, course completion, program completion and possible future job placement.
7. Provide opportunities for continuing education for Proton Therapy Technologists.

**Applicants are also advised that the Proton Therapy Program follows a rigorous curriculum requiring serious student memorization, practical application of theory, and coursework.**

**Taking personal time off (i.e. vacations) outside scheduled breaks is strongly discouraged and may affect program continuation or ability to complete the program as scheduled.**

## ESTIMATED COSTS FOR THE PROTON THERAPY PROGRAM

The following cost estimates are for a student that has met all program prerequisites. If prerequisite courses must be taken prior to admission, costs will be higher.

<b>Non-Refundable</b> Application Processing Fee	\$50.00
<b>Non-Refundable</b> Admission/Recording Fee for first-time student applicants to C.O.D.	\$20.00
Background Check (through <a href="http://CastleBranch.com">CastleBranch.com</a> )	\$52.00
Drug Screen (through <a href="http://CastleBranch.com">CastleBranch.com</a> )	\$32.00
Medical Document Manager (through <a href="http://CastleBranch.com">CastleBranch.com</a> )	\$17.50
In-District Residents (#502) and students with charge-back *16 semester credit hours for degree completion (†\$241.15/credit hour)	\$3,858.40
* Books & Materials (Program Only)	\$150.00
* Uniforms (depends on clinical site)	\$50.00
* Malpractice Insurance	\$52.00
* Health Requirements (varies: see <a href="#">Health Requirements</a> )	\$30.00 – \$284.00
<b>TOTAL ESTIMATED COSTS</b>	<b>\$4,331.9-\$4,565.9</b>

\* Indicates prices subject to change

Estimate does not include provisions for travel to and from school and clinical education site, for textbooks and fees related to general education requirement courses, or for the cost of the required physical exam.

Financial Aid is available; visit the [Financial Aid Office](#) in SSC 2220 or call (630) 942-2251 or (630) 942-2252.

## **COURSE SEQUENCE – PROTON THERAPY PROGRAM**

The College of DuPage Proton Therapy Advanced Certificate is considered a non-traditional program consisting of an online didactic component followed by onsite lecture and lab practicum. Clinical experience is the final component of the program. This final component may be completed at the Northwestern Medicine Proton Center in Warrenville, IL or at another proton therapy center with proper approval and permission. Participants can elect to complete the program in approximately one semester or as many as three. Certificate seeking students must complete all 16 credit hours.

### **Program Courses:**

- RATH 2351 Principles and Practice of Proton Therapy (8 credit hours)
- RATH 2352 Proton Therapy Lab Practicum (5 credit hours)
- RATH 2353\* Clinical Experience (3 credit hours)

\*RATH 2351 and 2352 must be completed prior to enrolling in RATH 2353

**The option to complete any of the 3 semester sequence options below is dependent upon sufficient enrollment.**

### One Semester Completion

- RATH 2351 (entire semester)
- RATH2352 (completed within first 8 weeks of semester)
- RATH 2353 (complete in second 8 weeks of semester)

### Two Semester Completion

- Semester “A” RATH 2351
- Semester “B” RATH 2352 & 2353

### Three Semester Completion

- Semester “A” RATH 2351
- Semester “B” RATH 2352
- Semester “C” RATH 2353

**FOR FURTHER ASSISTANCE IN SCHEDULING OF COURSES: PLEASE CONTACT A FACULTY MEMBER IN THE PROTON THERAPY TECHNOLOGY PROGRAM.**

### **PROGRAM DESCRIPTION**

The Proton Therapy Advanced Certificate program provides a post graduate educational opportunity to registered Proton Therapists through a variety of instructional methods including online and traditional instruction, simulated practical experience as well as clinical experience. The Proton Therapy Advanced Certificate will provide graduates with 16 undergraduate college credit hours.

### **MISSION AND GOALS**

The mission of the Proton Therapy Advanced Certificate program is to provide the student with a comprehensive education in proton therapy. Participants will complete the program with the knowledge and skills necessary to function as a competent and compassionate proton therapy professional.

## **PROGRAM OBJECTIVES**

Graduates of the College of DuPage Proton Therapy Advanced Certificate are expected to meet the following objectives:

1. Demonstrate knowledge of anatomical structures of the body in radiographic and cross-sectional images.
2. Describe the concepts of basic patient care specific to radiation therapy/proton therapy with an emphasis on physical and emotional conditions.
3. Discuss the physical properties of protons and describe how they influence the principles of treatment and simulation.
4. Discuss specific pathologic conditions and describe the standard treatment and simulation regimens for each anatomical structure.
5. Demonstrate clinical competency in a variety of treatment procedures.
6. Describe and discuss quality management procedures standard in a proton therapy facility.
7. Practice radiation safety precautions specific to the delivery of proton therapy treatments.

## **REQUIREMENTS AFTER ACCEPTANCE**

**Once officially accepted** into the Proton Therapy Program clinical requirements must be completed prior to clinical start date. **Please do not complete these requirements until you are instructed to do so.** You will need to complete health requirements, a Chart Review with Edward Corporate Health, Background Check, Drug Test and the Medical Document Manager piece through Castle Branch. Please see the [health requirement packet for details](#). You are also responsible for submitting your CPR card and you must be certified through the American Heart Association (AHA) Basic Life Support Provider. You will also need to provide evidence of current health insurance coverage.



## Admissions Checklist

Only a limited number of students can be admitted. A selection process has been established to admit the most qualified students. All steps must be completed if applicable to be considered for admission to the Program. This is a list of what you must do to be admitted to the Program. Along with the below requirements, you **must** follow **and** complete the admission checklist that is provided in the information packet to be considered for acceptance and have acceptable interpersonal skills for the profession.

You are reminded that the Proton Therapy Technology Program has a limited enrollment (approximately 12 - 20 students based on clinical site availability). You should mark each item as you complete it to ensure that none of the steps are missed.

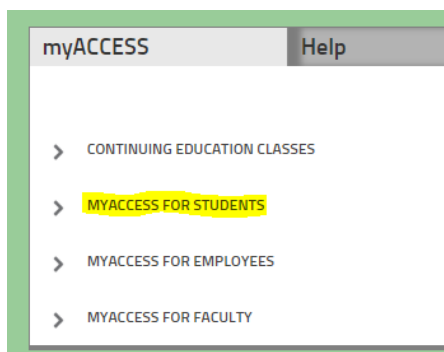
**NOTE: Admission Committees for all Health Science programs has the right to deny admission to any applicant that they feel is unable to fulfill these essential functions as described.**

***It is the applicant's responsibility to ensure that all material listed below have been completed and received by the designated locations listed below, by 5 pm on December 10, 2020.***

- \_\_\_\_\_ 1. Attend a highly recommended individual advising session with program coordinator, Jeff Papp. Schedule session by e-mailing [pappje@cod.edu](mailto:pappje@cod.edu).
- \_\_\_\_\_ 2. If you have not been admitted to College of DuPage, please complete the **non-refundable \$20 [College of DuPage General Admissions Application](#)** online. **This application is for general admissions to College of DuPage only; it is not an application to the Health Sciences Limited Enrollment Proton Therapy program.**
- \_\_\_\_\_ 3. **You must submit proof of graduating from an approved Radiation Therapy or Nuclear Medicine program.** To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in **ALL** official Transcripts from institutions that you have attended.  
Immediately:
  - a. Submit your official transcript(s) to **College of DuPage, [Office of Student Records](#)**. ***If College of DuPage is the only institution you have attended, you do not need to request official transcripts.***
  - b. Verify receipt of your transcript(s). Log into myACCESS account, click on 'myACCESS for Students', select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website [https://www.cod.edu/registration/records/trans\\_eval\\_listing.aspx](https://www.cod.edu/registration/records/trans_eval_listing.aspx) for details.

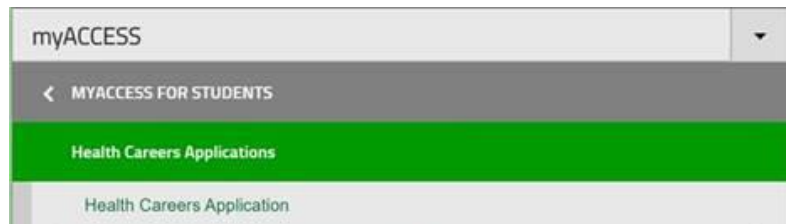
- \_\_\_\_\_ 4. Complete the **non-refundable \$50 [Health Career Selective Enrollment Program Application](#)** online by logging into the student portal at <https://inside.cod.edu>
  - Click on myACCESS for Students



- Click on the Health Careers Applications link



- Select Health Careers Application



- Select **Proton Therapy Advanced Certificate** when asked “What selective enrollment program are you applying to?”

**Once the application is submitted, you may not change the term or program. If you do not have a credit card, you can purchase a prepaid credit card from your local retailer**

\_\_\_\_\_5. Complete the [College of DuPage Residency Verification form](#) and provide 2 proofs of residency to the **Office of Student Registration Services, Student Services Center (SSC) Room 2221** by the program application deadline date.

**Note:**

- **If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission.**
- **Separate Residency Verification Forms must be submitted for each program application.**

\_\_\_\_\_7. Successful completion of Anatomy & Physiology (A&P 1500 or 1551 or 1571) or equivalent **prior** to admission. (There is no date limitation on A&P classes).

\_\_\_\_\_8. Successful completion of the following General Education courses: Math 1116 or higher level, CIS 1100 or higher level, English 1101 and 1102, Speech 1100 or 1120, or 1150, Social/Behavioral Science (at least 3 semester hours), Humanities (at least 3 semester hours), and HLTHS 1110 or equivalent (biomedical terminology) by the application deadline date.

\_\_\_\_\_9. Contact Clinical Instructor, Angela Corbett, at Northwestern Healthcare Proton Center and arrange a FORMAL VISIT at the clinical site by e-mailing her at [angela.corebett@cadencehealth.org](mailto:angela.corebett@cadencehealth.org).

\_\_\_\_\_10. Submit **two** letters of recommendation from an imaging supervisor, instructor, or radiologist. (**See pages 13-16**), to the Nursing & Health Sciences Division Reception Desk, Health and Science Center (HSC) 1220 or send via email from the Evaluator's email address only to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu). The enclosed forms must be used according to the instructions on the forms.

\_\_\_\_\_11. Possibly meet with this Program Admission Committee.

***“All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports.”***

## HOW ACCEPTANCE IS DETERMINED

### **The Deadline for Applications is December 10, 2020**

The Admissions Committee meets in early January. In about 4-6 weeks, the acceptance letters are emailed. These include the student's hospital assignment and an accept-or-reject letter. The accept-or-reject letter must be returned by a specific date. If not, we will place students from the waiting list. Students from the waiting list will continue to be placed until the Program start date or until the list is exhausted. All supporting documents for applications delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports.

Requests for admission are **not** automatically carried over to the following year. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the \$50 non-refundable Health Science application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable). Transcripts of any additional coursework must also be submitted to the Records Office. Students who have applied previously are not given preference for readmission, but a high multiplier is used on the merit evaluation form for those who were qualified but not admitted in a previous year. NOTE: Students re-applying are advised to contact a Radiation Therapy program faculty member to review their file to see if they can improve their Merit Evaluation score in any way.

### **Program Admission Preference**

Preference in admission is given to residents of District 502 who meet the stated minimum acceptance criteria for the program. Priority for admissions are a) In-district applicants; b) Out-of-district applicants working full-time in-district (proof of in-district employment will be required each semester); and c) Out-of-district applicants including those students with a joint or chargeback agreement and International students.

### **Some of these questions may be asked of you during your Formal Visit or Group Advising Sessions:**

1. Tell me about yourself.
2. Which of your characteristics would you most like to change?
3. What are your most valuable characteristics?
4. What high school or college classes did you like the most? The least? Why?
5. What experience have you had in dealing with the public?
6. Working in a Radiation Therapy Department and in a hospital requires a team effort. Do you consider yourself a team player?
7. How did you become interested in Radiation Therapy?
8. Who influenced you most in your career choice? How? Why?
9. Who do you feel is the most important person in a hospital and why?
10. What qualities do you think a good health professional should possess?
11. Give an example of a recent high stress situation that you were in? How did you react?
12. What types of medical situations have you been exposed to?
13. What will you do to learn how to cope with medical emergencies?
14. What type of patient contact would you like in your job?
15. What are your long-term career goals? Where do you see yourself in five years from now?
16. What will you do if you are unable to enter the Program this year?

## MERIT EVALUATION PROTON THERAPY

For your reference only; admissions committee completes this form. Do not fill out and submit

Name \_\_\_\_\_ COD ID# \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Interview**                    \_\_\_\_\_ Yes            \_\_\_\_\_ No

**Letter of Recommendation 1**                    \_\_\_\_\_ Yes            \_\_\_\_\_ No

**Letter of Recommendation 2**                    \_\_\_\_\_ Yes            \_\_\_\_\_ No

**Radiation Therapy Courses (Scale A)**

Physics \_\_\_\_\_

Cross-sectional Anatomy \_\_\_\_\_

Principles & Procedures I \_\_\_\_\_

Principles & Procedures II \_\_\_\_\_

Principles & Procedures III \_\_\_\_\_

Radiation Biology \_\_\_\_\_

Pathophysiology \_\_\_\_\_

Quality Management \_\_\_\_\_

Operational Issues \_\_\_\_\_

Clinical I \_\_\_\_\_

Clinical II \_\_\_\_\_

Clinical III \_\_\_\_\_

**Subtotal** \_\_\_\_\_

**Appl Date Mult** \_\_\_\_\_

**CI Interview** \_\_\_\_\_

**Merit Score** \_\_\_\_\_

**Application Date Multiplier**

Jul	1.12	Jan	1.06
Aug	1.11	Feb	1.05
Sep	1.10	Mar	1.04
Oct	1.09	Apr	1.03
Nov	1.08	May	1.02
Dec	1.07	Jun	1.01

**Interview Scale**

256 to 275 = 4
237 to 255 = 3
214 to 236 = 2
206 to 213 = 1
0 to 205 = 0

**Scale A**

Grade A = 4 pts
Grade B = 3 pts
Grade C = 2 pts
Grade D = 1 pt
Grade F = 0 pts

## College of DuPage Proton Therapy Program Student Recommendation Form (Due: December 10, 2020)

### **Section A: Must Be Completed By Applicant**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:             I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

### **Section B: Must be completed by applicant's instructor or employer. Please proceed only if Section A has been completed and signed by the applicant.**

The above individual is applying for admission to the Proton Therapy. The Proton Therapy program requires the completion of **two (2) recommendation forms**. The forms **must** be completed by an imaging supervisor, instructor, or radiologist. **Recommendation forms completed by friends or relatives of the applicant are unacceptable.** Please rate the applicant on the following characteristics by checking the appropriate boxes.

	5	4	3	2	1	0
	Outstanding	Excellent	Good	Fair	Poor	Unable to Assess
<b>Academic Ability</b>						
<b>Clinical Ability</b>						
<b>Written Language Skills</b>						
<b>Oral Language Skills</b>						
<b>Maturity</b>						
<b>Respect for Others</b>						
<b>Motivation</b>						
<b>Dependability</b>						
<b>Punctuality</b>						
<b>Critical Thinking</b>						
<b>Kinesthetic Awareness</b>						
<b>Leadership</b>						



## College of DuPage Proton Therapy Program Student Recommendation Form (Due: December 10, 2020)

### **Section A: Must Be Completed By Applicant**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:             I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Applicant's Signature: \_\_\_\_\_

\*\*\*\*\*

### **Section B: Must be completed by applicant's instructor or employer. Please proceed only if Section A has been completed and signed by the applicant.**

The above individual is applying for admission to the Proton Therapy. The Proton Therapy program requires the completion of **two (2) recommendation forms**. The forms **must** be completed by an imaging supervisor, instructor, or radiologist. **Recommendation forms completed by friends or relatives of the applicant are unacceptable.** Please rate the applicant on the following characteristics by checking the appropriate boxes.

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
	<b>Outstanding</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unable to Assess</b>
<b>Academic Ability</b>						
<b>Clinical Ability</b>						
<b>Written Language Skills</b>						
<b>Oral Language Skills</b>						
<b>Maturity</b>						
<b>Respect for Others</b>						
<b>Motivation</b>						
<b>Dependability</b>						
<b>Punctuality</b>						
<b>Critical Thinking</b>						
<b>Kinesthetic Awareness</b>						
<b>Leadership</b>						



