



**UIHC Radiation Therapy Program  
Application for Admission**

Date \_\_\_\_\_

**Name** Last \_\_\_\_\_ First \_\_\_\_\_ Middle I. \_\_\_\_\_  
Maiden \_\_\_\_\_ Social Security \_\_\_\_\_

Present Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Education including: High School, Radiography Program, College, University,  
or other Post High School Programs

**Education**

School Name, City, State	Dates Attended	Degree/ Certificate Received
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Where did you hear about the Program? \_\_\_\_\_

**Employment**

Employer's Name & Address	Dates Employed	Position Held
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**References**

**The following four references are required**

- 1) Program Director or Clinical Instructor

Name \_\_\_\_\_

Phone \_\_\_\_\_

- 2) Radiation Therapist you worked with during a clinical rotation in X-ray

Name \_\_\_\_\_

Phone \_\_\_\_\_

- 3) Co-worker in the Health Care field

Name \_\_\_\_\_

Phone \_\_\_\_\_

- 4) Co-worker in the Health Care field

Name \_\_\_\_\_

Phone \_\_\_\_\_

Please distribute the enclosed Reference forms in the packet (one to each reference). Have them return the completed form directly to the Radiation Therapy Program Director.

UIHC  
Radiation Oncology/Mindi TenNapel  
200 Hawkins Drive, 01521 PFPW  
Iowa City, IA 52242-1009

**Essay Requirement:**

Please type an account of the following and mail to the Program Director with the Application and technical standard form.

- 1. I would like you to describe your work and training experience in Radiography, along with any health care work experience you might have. This description can include but is not limited to; equipment utilized, technical areas of training, patient care, and co-workers philosophies.

essay requirement continued:

2. Describe reasons for seeking admission to the program in Radiation Therapy at the University of Iowa Hospitals and Clinics. I would like you to include any work experience or time spent in a radiation therapy facilities as a student or as an employee. Please comment for this question on what you feel a typical Radiation Therapist does daily.

**Technical Standards:**

In order to successfully complete the Program in Radiation Therapy at UIHC the student must demonstrate his/her ability to perform the following:

1. Written and oral communication.
2. Written records of treatment administered.
3. Mathematical calculation of treatment times and radiation doses.
4. Knowledge of topographical and cross-sectional anatomy in localization of anatomical structures and treatment sites.
5. Knowledge of principles of radiation physics applied in the practice of radiation therapy.
6. Ability to operate radiation producing equipment in all phases of treatment set-up and delivery.
7. Deliver a course of radiation therapy following the physician's prescription and the planned method of delivery.
8. Interpretation of isodose summations and treatment plans prepared for the set-up of the patient and the delivery of the treatment prescription.
9. Utilization of treatment accessories in the delivery of a planned treatment.
10. Verification of correctness of delivery and provision of consistent daily treatment set-up.
11. Recognition of and corrective action taken for errors in calculation and/or delivery of a planned course of treatment.
12. Production and utilization of immobilization and beam directional devices.
13. Assisting in the use of common radionuclide sources for brachytherapy.
14. Utilization of information from and assisting in the performance of machine calibration and quality assurance testing.
15. Detection of malfunctioning equipment and acting to insure the safety of patient and personnel.
16. Utilization of procedures for protection from sources of radiation exposure.
17. Providing basic patient nursing care and cardio-pulmonary resuscitation.
18. Providing psychological support and interacting daily with the patient under treatment.
19. Awareness of patterns of physical and emotional stress exhibited by cancer patients.
20. Recognition of patient's clinical progress, symptoms of disease progression, the complications and side-effects of a treatment course and initiation of the processes of consultation with the physician responsible for their care.
21. Use of proper body mechanics in guiding and/or assisting the patient to move to and from the standing position, wheelchair, or cart to the treatment table in a safe manner.
22. Assisting the program of continuing patient care or follow-up.
23. Interacting in a professional manner with other health care personnel involved in the treatment of the patient.

To the best of your knowledge (you) the applicant is able to participate in courses or practical clinical assignment aimed at acquiring these competencies. If any physical, intellectual, or emotional conditions, list on a separate sheet of paper any special arrangements which might facilitate individual needs.

I attest that the information on this application is correct and complete:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist to complete Application Process:**

- \_\_\_\_\_ 1. Complete application and sign, and mail it to the Program Director.
- \_\_\_\_\_ 2. Read, sign, and understand the Technical Standards performed in the Program.
- \_\_\_\_\_ 3. Read, write, and mail the application Essay requirements to the Program.
- \_\_\_\_\_ 4. Contact high schools, colleges, radiography programs and ask them to send grade transcripts to the Program, you can also mail these in with your application.
- \_\_\_\_\_ 5. Submit ACT or SAT scores to the program. Often these scores are on high school transcripts. Inquire about this when contacting high school. If scores are not on high school transcripts, contact ACT or SAT to have official scores sent.

Send this completed application form, essay requirements, and copies of transcripts of all academic and professional courses: high school, radiology program, and any other college credits to the address listed below **by February 1 for that year of fall enrollment** for the applicant to be eligible .

University of Iowa Health Care  
Radiation Oncology/Mindi TenNapel  
200 Hawkins Drive, 01521 PFPW  
Iowa City, IA 52242-1009

Phone: 319-356-8286  
e-mail: [mind-tennapel@uiowa.edu](mailto:mind-tennapel@uiowa.edu)

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