



## Radiation Therapy Program Application

### Instructions:

1. Please be sure to read all questions and answer completely.
2. Do not leave any blanks; mark the appropriate space "N/A" if the question does not require an answer.
3. An official transcript from all institutions attended must be submitted at the time of application (Including Texas State). Request that all institutions send the transcript to [RadiationTherapy@txstate.edu](mailto:RadiationTherapy@txstate.edu) **OR**, for those institutions which **only** provide hard copy transcripts, have them mailed to:

Texas State University  
Radiation Therapy Program  
1555 University Blvd  
Round Rock TX 78665

Ensure that you request transcripts well before the January 15 application deadline, as we will not accept transcripts that are not received by the deadline.
4. Be sure three (3) recommendation forms **and** letters are emailed to [RadiationTherapy@txstate.edu](mailto:RadiationTherapy@txstate.edu) by the January 15 application deadline. The application packets have only one form included; make two more copies so you may distribute one for each of your three references to submit. Be sure you fill out and sign the FERPA waiver at the top of the form **prior** to sharing the forms with those giving the recommendations.
5. Completion of 24 hours (three consecutive 8-hour days) of clinical observation is required in order to submit clinical setting evaluations. All clinical evaluations must be emailed directly from the cancer center to [RadiationTherapy@txstate.edu](mailto:RadiationTherapy@txstate.edu). We will not accept evaluations directly from students.
6. Typed resume'.
7. Career Goal Statement: Submit a one-page, typed statement with your application. Please address the following:
  - A. Why do you wish to pursue Radiation Therapy as a career?
  - B. What have you done to learn more about the profession?
  - C. List your strengths and weaknesses and tell how they would affect your success as a radiation therapist.
  - D. Refer to your academic record and explain how it reflects your strengths. If not, explain.
  - E. What is your ultimate goal after receiving your education and training?

8. Once you have fully completed your documents, you must submit them to our Canvas application site. **Please email [RadiationTherapy@txstate.edu](mailto:RadiationTherapy@txstate.edu) for access to the site.**
9. Applications and all supporting documentation must be received by our office no later than January 15<sup>th</sup> or the first following business day if the 15<sup>th</sup> is on a weekend.
10. The Radiation Therapy Admissions Committee will conduct interviews of selected students. Call (512) 716-2831 if you have any questions.

Note: It is your responsibility to obtain all necessary information and forms that are requested for application to the Radiation Therapy Program. An application packet includes: RTT program application, official transcripts, career goal statement, Technical Standards form, and three (3) recommendations. ***Incomplete packets will not be considered.***



## RADIATION THERAPY PROGRAM APPLICATION

### GENERAL INFORMATION:

1. Name \_\_\_\_\_  

(Last)
(First)
(MI)
  
2. TXST Student ID # \_\_\_\_\_
  
3. Have you applied before? \_\_\_\_\_ If yes, give date(s) \_\_\_\_\_
  
4. Current Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone(s) (\_\_\_\_) \_\_\_\_\_  
 Personal Email \_\_\_\_\_  
 TXST Email \_\_\_\_\_
  
5. Permanent Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_

### EDUCATION:

6. List Colleges and Universities that you have attended:

Date(s) Attended	Full Name of School	School Address	Degree Awarded? YES or NO	Degree & Major

7. Are you attending college now? \_\_\_\_\_ Where? \_\_\_\_\_

List general education courses not complete at this time:

**SPRING (Currently Enrolled)**

**SUMMER (Plan to Enroll)**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List the names of scholastic or professional organization of which you are a member:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT:**

9. List your present or most recent job first:

Employer	Position	Hrs./Wk.	Dates

10. Have you ever worked in Radiation Therapy? \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**VOLUNTEER ACTIVITIES:**

11.

Facility	Supervisor	Hrs./Wk.	Dates

**REFERENCES:**

12. List the names of three (3) individuals who completed the reference checklist.

Name	Professional Title
_____	_____
_____	_____
_____	_____

13. Do you have transportation available for off-campus clinicals? Yes\_\_No\_\_

I hereby certify that I have made no willful misrepresentations, nor have I withheld information pertinent to this application. Further, I understand that acceptance of this application by Texas State University does not imply acceptance into the Radiation Therapy Program, and that applicants are selected by the Radiation Therapy Admissions Committee. I further understand that under the provision of the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials accumulated in his/her case.

\_\_\_\_\_  
Signature of Applicant

Attach copy of Texas State ID Card Here

\_\_\_\_\_  
Date

Accommodations for Qualified Students with Disabilities

*Please contact the class instructor as soon as possible if you are a student with a disability who will require an accommodation(s) to participate in this course, field placement, internship or residency. You will be asked to provide documentation from the Office of Disability Services. Failure to contact the class instructor and provide the necessary documentations in a timely manner may delay your accommodations.*

**RADIATION THERAPY PROGRAM  
REQUEST FOR RECOMMENDATION**

*This Section to be completed by applicant.*

Name of Applicant: \_\_\_\_\_

Name of Person Providing Recommendation: \_\_\_\_\_

Applicant's Statement: I am aware that under the congressional Family Educational Rights and Privacy Act of 1974 (Sec. 438 (a) (20) (B) c (c), I am not required to, but that I may voluntarily waive my right to access confidential letters and statements of recommendation submitted to Texas State University. I further understand that under the provision of the Family Educational Rights and Privacy act, an unsuccessful applicant regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials accumulated in his/her case. The giving of a waiver shall not be regarded as a condition of admission to, receipt of financial aid form, or receipt of any other services or benefits from the University.

I hereby ( ) do ( ) do not waive my rights to access any and all letters of statements of recommendation which may be submitted by \_\_\_\_\_  
(person submitting recommendation)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The above applicant has applied for admission to the Texas State University Radiation Therapy Program. As a reference in support of this applicant, please respond to the following questions and rating instrument. In addition to completing the instrument, please provide a **letter of recommendation**. Please scan and email the form and letter to [RadiationTherapy@txstate.edu](mailto:RadiationTherapy@txstate.edu). We realize that your time is valuable. Thank you for providing the material for our prospective student.

I have known this applicant for \_\_\_\_\_year(s)\_\_\_\_\_months, in the capacity of (check all that apply):

\_\_\_\_\_ Student      \_\_\_\_\_ Employee      \_\_\_\_\_ Friend      \_\_\_\_\_ Volunteer

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

OVERALL RECOMMENDATION: Please check the appropriate level of recommendation:

\_\_\_\_\_ Highly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend with reservation \_\_\_\_\_ Not recommend

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title/Occupation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Facility

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number(s)

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

Please place and "✓" in the rating column that best describes the applicant's character and qualifications for the profession of Radiation therapy. As a reference in support of this applicant, you are asked to respond to the following criteria. Your responses will be used to evaluate the applicant's potential as a future Radiation Therapist.

Characteristics:	Outstanding	Above Average	Average	Below Average	Not Observed
<b>1. Attitude/Personality: Overall Rating</b>					
Confidence					
Works well with others					
Accepts criticism					
<b>2. Reliability/Character: Overall Rating</b>					
Dependable, reliable					
Honest, Ethical Behavior					
<b>3. Work Habits/Industry: Overall Rating</b>					
Conscientious, follows through					
Self-disciplined, uses initiative					
<b>4. Emotional Stability: Overall Rating</b>					
Poised, inspires confidence					
Appropriate reaction to stress					
<b>5. Leadership/Motivation: Overall Rating</b>					
Demonstrates motivation					
Shows leadership					
Uses problem solving skills					
Thinks creatively					
<b>6. Judgment/Common Sense Overall Rating</b>					
Acts maturely					
Capacity for empathy					
Foresight in decisions					
Expresses own opinion					
<b>7. Communication Skills: Overall Rating</b>					
Oral					
Written					

**\*\*Please provide a recommendation letter in addition to this form. Thank you for your time.**

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

# Texas State University Radiation Therapy

## T e c h n i c a l S t a n d a r d s

Those persons wishing to enter or those students who expect to continue in the Radiation Therapy Program must be able to:

1. Reach up to six (6) feet off the floor with the aid of a step stool.
2. Communicate to people in various departments in a clear and concise manner.
3. Read and apply appropriate instructions in treatment charts, notes and records.
4. Lift thirty five (35) pounds of weight (treatment cones, ancillary aids, and blocks used for patient treatment) up and over their heads.
5. Move immobile patients from a stretcher to the treatment table with assistance from departmental personnel.
6. Push a standard wheelchair from the waiting area to the treatment room.
7. Understand and apply clinical instructions given by departmental personnel.
8. Utilize a keyboard for inputting clinical data into the treatment console and computers.
9. Visually monitor patients in dimmed light and/or via video monitors during treatment.
10. Monitor patients via audio monitors during treatment.
11. Hear various equipment and background sounds during equipment operations.
12. Accurately insert needle for tattooing.
13. Accurately insert rectal markers and contrast media.

The program reserves the right to require the applicant or student to physically demonstrate any of the above skills.

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**I have read the technical requirements for this profession and to the best of my knowledge I can perform to these standards.**

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Date

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Signature



STUDENT NAME \_\_\_\_\_

CLINICAL SITE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND ZIP \_\_\_\_\_

**RADIATION THERAPY PROGRAM**  
**STUDENT CLINICAL OBSERVATION**  
**EVALUATION FORM**

FORM # \_\_\_\_\_ OF \_\_\_\_\_ (1,2,3) EVALUATIONS PROVIDED TO DEPARTMENT

The following evaluation is to be completed and signed by the designated clinical staff and student after a student completes a clinical observation. The student must complete a minimum of 24 continuous hours in one cancer center. Please review and discuss the completed evaluation with the student. The student will sign the evaluation form verifying his/her understanding of the written comments. Please contact Jessica Smith or Megan Trad at 512-716-2831 for further clarification if needed.

	Not Observed 1	Poor 2	Good 3	Above Average 4	Outstanding 5
<b>1. Attitude</b>					
Displays respectful, courteous, and pleasant demeanor consistently with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays respectful, courteous, and pleasant demeanor consistently with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to patient's privacy and/or confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Not Observed 1</b>	<b>Poor 2</b>	<b>Good 3</b>	<b>Above Average 4</b>	<b>Outstanding 5</b>
<b>2. Motivation</b>					
Conveys an enthusiastic desire to observe and assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and accepts instructions and information attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to perform simple tasks as instructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Communication</b>					
Oral ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Demonstration of Work Ethic</b>					
Consistently arrives to assigned location on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently stays in assigned area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently returns from breaks on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently informs staff of location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently honest and/or ethical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall conscientious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Appearance</b>					
Consistently dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistently aware of personal hygiene ( body odor, smoking odor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What was your overall opinion of this student's attitude, performance, and behavior during this evaluation period?**

- \_\_\_\_\_ Performed BELOW what was expected as a Pre-RTT student and LACKS MOTIVATION to improve
- \_\_\_\_\_ Performed BELOW what was expected as a Pre-RTT student, but is MOTIVATED to improve
- \_\_\_\_\_ Performed AT level of expectation as a Pre-RTT student
- \_\_\_\_\_ Performed ABOVE level of expectation as a Pre-RTT student

**Any additional comments**

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**SIGNATURES (please complete)**

My signature certifies that \_\_\_\_\_ has completed a minimum clinical observation of 24 “continuous” hours upon which this evaluation is based.

Radiation Therapist \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
**Print Name** **Signature** **Date**

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

**IMPORTANT: Clinical staff should return this form via email to [RadiationTherapy@txstate.edu](mailto:RadiationTherapy@txstate.edu).**

**TEXAS STATE UNIVERSITY**  
**RADIATION THERAPY PROGRAM**  
Suggested Degree Plan

**FRESHMAN YEAR**

Effective: FALL 2022

Fall Semester			Spring Semester			Summer Semester		
ENG 1310	College Writing I	3hrs	ENG 1320	College Writing II	3hrs	English Lit. <sup>2</sup>	See below	3hrs
HIST 1310	Hist of US to 1877	3hrs	HIST 1320	Hist US 1877 to date	3hrs	PHIL 1305	Phil & Crit Thinking	3hrs
<b>BIO 1330</b>	<b>Functional Bio</b>	<b>3hrs</b>	<b>BIO 1331</b>	<b>Organismal Bio</b>	<b>3hrs</b>	<b>PSY 1300</b>	<b>Intro to Psyc</b>	<b>3hrs</b>
COMM 1310	Fund Human Comm	3hrs	<b>CHEM 1341</b>	<b>Gen Chem I</b>	3hrs			
US 1100 <sup>1</sup>	University Seminar	1hrs	<b>CHEM 1141</b>	<b>Gen Chem Lab I</b>	1hr			
		13 hrs			13 hrs			9 hrs

**SOPHOMORE YEAR**

Fall Semester			Spring Semester		
<b>BIO 2430</b>	<b>Hum A &amp; P</b>	<b>4hrs</b>	<b>AT 3358<sup>5</sup></b>	<b>PathoPharm</b>	<b>3hrs</b>
POSI 2310	Prin of Amer. Gov	3hrs	POSI 2320	Function of Amer Gov	3hrs
<b>MATH 2417</b>	<b>Pre-Calculus</b>	<b>4hrs</b>	<b>PHYS 1315</b>	<b>General Physics I</b>	<b>3hrs</b>
Fine Arts 2313 <sup>3</sup>	see below	3hrs	<b>PHYS 1115</b>	<b>General Phys Lab</b>	<b>1hr</b>
		14 hrs	<b>HP 3302<sup>4</sup></b>	<b>Biostats for HP</b>	<b>3hrs</b>
					13 hrs

**JUNIOR YEAR**

Fall Semester			Spring Semester			Summer Semester		
RTT 3314	Crosssectional	3hrs	RTT 3310	RTT Physics I	3hrs	RTT 4189	RT Lit Scholar & Writ	1 hr
RTT 3301	Intro to RTT	3hrs	RTT 3350	Radiobiology	3hrs	RTT 4330	Quality Assurance	3hrs
RTT 3300	Patient Care	3hrs	RTT 4370	Clin. Rad. Onc. I	3hrs	RTT 4220	Directed Clinic III	2hrs
RTT 3220	Directed Clinic I	2hrs	RTT 3221	Directed Clinic II	2hrs	RTT 4120	Clinical Sim Lab 3	1 hr
RTT 3120	Clinical Sim Lab 1	1 hr	RTT 3121	Clinical Sim Lab 2	1 hr			
RTT 3302	Rad. Science	3hrs						
		15 hrs			12hrs			7hrs

**SENIOR YEAR**

Fall Semester			Spring Semester		
RTT 4371	Clin Rad Onc II	3hrs	RTT 4361	Dosimetry II	3hrs
RTT 4360	Dosimetry I	3hrs	RTT 4331	Operational Issues	3hrs
RTT 4310	RTT Physics II	3hrs	RTT 4291	RTT Review	2hr
RTT 4221	Directed Clinic IV	2hrs	RTT 4191	RTT Seminar	1hr
RTT 4121	Clin Sim Lab 4	1 hr	RTT 4222	Directed Clinic V	2hrs
		12hrs	RTT 4122	Clin Sim Lab 5	1 hr
					12hrs

<sup>1</sup>All first-year students who have completed less than 15 hours of college credit after high school graduation must take US 1100. Other students who are unsure of their requirements, or is US1100 is waived, the should see the advising center. The student must have 120 hours to graduate.

<sup>2</sup> Select from ENG 2310, 2320, 2330, 2340, 2359, or 2360

<sup>3</sup> Select from ART 2313, DAN 2313., MU 2313, or TH 2313

<sup>4</sup> Students must take 3 hours from HP 3302, PSY 2301, SOCI 3307, MATH 2328 OR CJ 3347.

<sup>5</sup> Student may substitute with PSY4390N

Additional Note

Note 1: Any student who did not complete two years of the same foreign language in high school is required to take two semesters of the same foreign language.

For Additional Information: Radiation Therapy Program  
Texas State University  
1555 University Blvd.  
Round Rock, Tx 78665-8017  
(512) 716-2831  
Avery Bldg Room 353  
[www.health.txstate.edu/rtt](http://www.health.txstate.edu/rtt)

# RTT APPLICATION PACKET

## Check List

All of the following items **MUST** be in your application packet.  
Incomplete packet **WILL NOT BE** considered.

Name \_\_\_\_\_ ID# \_\_\_\_\_

Application <i>w/ Copy of Texas State ID Card</i>	<input type="checkbox"/>
Typed Resume	<input type="checkbox"/>
Career Goal Statement	<input type="checkbox"/>
Recommendation Letters (3) <i>emailed to <a href="mailto:RadiationTherapy@txstate.edu">RadiationTherapy@txstate.edu</a></i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Technical Standards Form	<input type="checkbox"/>
Official Transcripts ( <i>from all institutions attended including current Texas State, emailed to <a href="mailto:RadiationTherapy@txstate.edu">RadiationTherapy@txstate.edu</a></i> )	<input type="checkbox"/>