TEXAS STATE UNIVERSITY
Radiation Therapy

Radiation Therapy Program Application

Please be sure to read thoroughly and follow all instructions carefully. *A correctly completed application is part of the application process*.

1. Please be sure to read all questions on the application form and answer completely. Do not leave any blanks; mark the space "N/A" if the question does not apply to your situation.

2. Official transcripts from all higher education institutions attended must be submitted at the time of application (including Texas State). Students newly admitted to Texas State, who have not yet attended classes or received grades from Texas State, should make an appointment for advising from the College of Health Professions Advising center to request that all pertinent prerequisite credits from other institutions be applied to your TXST transcript prior to the deadline for submitting your application to the Radiation Therapy Program.

   Transcripts must be emailed (through Parchment or other electronic service) to RadiationTherapy@txstate.edu ***OR*** institutions which ***only*** provide hard copy transcripts may mail them to:

   Texas State University
   Radiation Therapy Program
   1555 University Blvd, Suite 353
   Round Rock TX 78665

   Ensure that you request transcripts after any outstanding fall semester grades are posted, but well before the January 15 application deadline, as we will not accept transcripts that are not received by the deadline.

3. Three (3) recommendation forms ***with personal letters of recommendation*** should be emailed by those completing the references to RadiationTherapy@txstate.edu by the January 15 application deadline. The application packets have only one form included. You will need to duplicate it to distribute one to each of your three references. Make sure you fill out and sign the FERPA waiver at the top of each form ***before*** sharing the forms with your references.

4. Completion of three consecutive clinical days of observation of a working radiation therapist is required in order to submit a clinical setting evaluation. You must make arrangements to complete these days with the clinical supervisor at a radiation therapy clinic of your choice. All clinical evaluations must be emailed directly from the cancer center to RadiationTherapy@txstate.edu. We will not accept evaluations directly from students.

5. Typed resume'.

TEXAS STATE UNIVERSITY
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6. 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?

7. When you are ready to begin submitting your portion of the application documents to the Canvas portal, ***please email*** RadiationTherapy@txstate.edu ***for access to the site***.

Note: A completed application packet will include: RTT program application, career goal statement, resumé, Technical Standards form, three (3) recommendation forms with letters, clinical evaluation form, and official transcripts.

It is your responsibility to ensure all portions of your application are submitted by the deadline, including those which will be submitted by outside parties on your behalf. The student must complete and submit the following documents to the Canvas application portal:

1. Application form
2. Career goal statement
3. Resumé
4. Technical Standards form

The remaining documents, to be submitted on your behalf by outside parties, will be saved and marked as received once you have requested to be added to the application portal.

8. Applications and all supporting documentation must be received by our office ***no later*** than January 15th, or the first business day following if the 15th is on a weekend.

9. The Radiation Therapy Admissions Committee will conduct interviews of selected students. Please note, we receive many applications which are carefully reviewed by the committee and scored according to predetermined rubric. Interview offers are extended based on this score. Completion of an application does not guarantee the offer of an interview, regardless of whether the minimum criteria for application are met. Call (512) 716-2831 if you have any questions.

Incomplete application packets will not be reviewed or 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 which are not complete at this time:

SPRING (Currently Enrolled) **SUMMER (Plan to Enroll)**

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

8. List the names of scholastic or professional organizations 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?_____

If yes, 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 reliable 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

_____
Date

Please **attach a copy of your student ID** (**or**, if you have been accepted to Texas State University but have not yet been issued a student ID card, attach a copy of your state-issued driver license or ID) **to this application as a separate page when uploading to the Canvas site**.

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 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 accommodation(s).

TEXAS STATE UNIVERSITY

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. 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 an " ✓ " 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
1. Attitude/Personality: Overall Rating					
Confidence					
Works well with others					
Accepts criticism					
2. Reliability/Character: Overall Rating					
Dependable, reliable					
Honest, Ethical Behavior					
3. Work Habits/Industry: Overall Rating					
Conscientious, follows through					
Self-disciplined, uses initiative					
4. Emotional Stability: Overall Rating					
Poised, inspires confidence					
Appropriate reaction to stress					
5. Leadership/Motivation: Overall Rating					
Demonstrates motivation					
Shows leadership					
Uses problem solving skills					
Thinks creatively					
6. Judgment/Common Sense Overall Rating					
Acts maturely					
Capacity for empathy					
Foresight in decisions					
Expresses own opinion					
7. Communication Skills: Overall Rating					
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

Technical Standards

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.

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

_____ _____

Date 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 3 consecutive clinical days 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
1. Attitude					
Displays respectful, courteous, and pleasant demeanor consistently with patients	☐	☐	☐	☐	☐
Displays respectful, courteous, and pleasant demeanor consistently with staff	☐	☐	☐	☐	☐
Accepts criticism	☐	☐	☐	☐	☐
Sensitive to patient's privacy and/or confidentiality	☐	☐	☐	☐	☐
Capacity for empathy	☐	☐	☐	☐	☐

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

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

_____

_____

_____

_____

_____

_____

SIGNATURES (please complete)

My signature certifies that _____ has completed a minimum clinical observation of 24 hours upon which this evaluation is based.

Radiation Therapist _____ _____ _____

Print Name **Signature** **Date**

Student_____**Date:**_____

IMPORTANT: Please scan and email this completed form to 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.[2]	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
***BIO 1330**	**Functional Bio**	**3hrs**	***BIO 1331**	**Organismal Bio**	3hrs	***PSY 1300**	**Intro to Psyc**	**3hrs**
COMM 1310	Fund Human Comm	3hrs	***CHEM 1341**	**Gen Chem I**	3hrs			
US 1100[1]	University Seminar	1hrs	***CHEM 1141**	**Gen Chem Lab I**	1hr			
		13 hrs			13 hrs			9 hrs

SOPHOMORE YEAR

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

***Denotes program prerequisite**

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
			RTT 4122	Clin Sim Lab 5	1 hr
		12hrs			12hrs

[1]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.

[2] Select from ENG 2310, 2320, 2330, 2340, 2359, or 2360

[3] Select from ART 2313, DAN 2313,, MU 2313, or TH 2313

[4] Students must take 3 hours from HP 3302, PSY 2301, SOCI 3307, MATH 2328 OR CJ 3347.

[5] 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

RTT APPLICATION PACKET
Check List

A complete application consists of the following documents, whether provided by the student or an outside party on the student's behalf. Please check the Canvas application portal or contact the department for confirmation of receipt of documents submitted on the student's behalf.

Incomplete applications <u>WILL NOT BE</u> considered.

Name _____ ID#_____

Application *w/ Copy of Texas State ID Card*	
Typed Resume	
Career Goal Statement	
Technical Standards Form	
Official Transcripts (*from all institutions attended including current Texas State, emailed to RadiationTherapy@txstate.edu*)	
Clinical Observation Evaluation (emailed from clinic directly to RadiationTherapy@txstate.edu)	
Recommendation Letters (3) (emailed from person providing references directly to RadiationTherapy@txstate.edu)	☐ ☐ ☐