

Dosimetry Program Admissions Application

Full Name: _____
Last First M

Address: _____

Home Phone: _____ Mobile Phone: _____

Are you a veteran? Yes: No:

Email Address: _____

Are you legally eligible to attend school or work in this country? Yes: No:

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes: No:

If yes, please provide date(s) and details. By Answering "yes" you are not automatically disqualified for consideration. Factors such as date of the offense, seriousness and nature of the violation, and rehabilitation will be considered.

STATEMENT OF PHYSICAL CONDITION

Students in the Medical Dosimetry Program are required to work daily in a busy radiation oncology clinic setting. The work environment requires standing for long periods of time, communicating thoughts clearly and succinctly both verbally and written, being able to comprehend instructions both orally and written, also requires large amounts of walking within the clinic.

Are you able to meet these requirements without accommodation? Yes: No:

Please describe any accommodations needed.

Applicant's signature: _____ Date of application: _____

Please submit application, transcripts, certificates of completion (if applicable) and \$50 processing fee check (Check made to: UTHSCSA Radiation Oncology) to the address below. Applications can be email to candia@uthscsa.edu. APPLICATIONS MUST BE RECEIVED NO LATER THAN MARCH 1.

Mail to:
Patricia P. Candia, PhD
Medical Dosimetry Program, MC 7889
UTHSCSA – Department of Radiation Oncology (G242)
7979 Wurzbach Road, San Antonio, Texas 78229

ACADEMIC TRANSCRIPTS
(ALL EDUCATION TRANSCRIPTS MUST BE SUBMITTED)

College: _____

Location (city, state): _____

Degree: _____ GPA: _____ / 4.0

College: _____

Location (city, state): _____

Degree: _____ GPA: _____ / 4.0

College: _____

Location (city, state): _____

Degree: _____ GPA: _____ / 4.0

EMPLOYMENT HISTORY

List employment history starting with most recent employer. If you were/are in school, please indicate.

Employer: _____

Address: _____

Supervisors Name: _____ Phone No: _____

Position Held: _____ Dates Employed: From: _____ To: _____

Describe your job duties and responsibilities:

Employer: _____

Address: _____

Supervisors Name: _____ Phone No: _____

Position Held: _____ Dates Employed: From: _____ To: _____

Describe your job duties and responsibilities:

Employer: _____

Address: _____

Supervisors Name: _____ Phone No: _____

Position Held: _____ Dates Employed: From: _____ To: _____

Describe your job duties and responsibilities:

PROFESSIONAL REFERENCES

1. List name and telephone number of (3) three business/work references who are **not** related to you. If not applicable, list (3) school or personal reference who are **not** related to you.
2. Fill in your name on the professional reference form.
3. Give form to person(s) providing reference. Form must be completely filled out.
4. Have your reference fill out form and mail the form to the address provided.
5. Your application will not be complete without all three (3) references.

NOTE: If a reference is received and later withdrawn your application will not be considered for the current school year.

Reference 1

Name: _____

Phone No: _____ Relationship: _____

Profession: _____

Reference 2

Name: _____

Phone No: _____ Relationship: _____

Profession: _____

Reference 3

Name: _____

Phone No: _____ Relationship: _____

Profession: _____

REFERENCE FOR MEDICAL DOSIMETRY

STUDENT APPLICANT: _____

The above applicant has applied for admission to the above program and has listed your name for a reference. We would appreciate your opinion of this applicant's suitability for this type of training. Please feel free to include any additional comments on a separate sheet of paper.

In what relationship and how long have you known the applicant? _____

Please provide your job title and qualifications which make your reference valuable to the assessment of their skill set?

What do you consider the applicant's strongest characteristics? _____

What do you consider the applicant's weakest characteristics? _____

Please rate the applicant in the following categories, using a scale of 1 to 5 with five being superior and one being poor. If you have no basis for evaluation in any category, please check "No Basis". We invite you to include a written letter of recommendation with this form.

Characteristics	Superior 5	4	3	2	1	No Basis*
Leadership						
Computer Skills						
Mathematics						
Sense of Responsibility						
Ability to Work with People						
Organizational Ability						
Ability to Adapt to New Situations						
Ability to Work Independently						
Reliability						
Oral Communication Skills						
Written Communication Skills						
Problem Solving Ability						

Recommendation

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Name: _____ Title: _____

Telephone Number: _____

Signature: _____ Date: _____

Mail to:

Patricia P. Candia, PhD (candia@uthscsa.edu)
 Medical Dosimetry School Program
 CTCRC Grossman Cancer Center (G242)
 7979 Wurzbach Road, San Antonio, Texas 78229