

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 taken into account.

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 emailed to candia@uthscsa.edu.** APPLICATIONS MUST BE RECEIVED NO LATER THAN MARCH 1.

Mail to:
Patricia P. Candia, PhD, C-TAGME
Mays Cancer Center UT Health
Department of Radiation Oncology
7979 Wurzbach Rd MC 7889
San Antonio, TX 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: _____

STATEMENT OF INTEREST

Please answer the following questions. You may include any additional information you feel will be useful to your application.

1. How did you learn about our program and what influenced you to apply? What steps are you taking to prepare for the program?

2. What assets, based on education, personal background or training, do you possess that will contribute uniquely to the program?

3. Have you worked with radiation therapy equipment (i.e. linear accelerators, simulators, record and verify systems, treatment planning systems)? If so, please describe your competence with the equipment.

4. Is there any additional information you would like the Admissions Committee to know regarding your application?

5. Have you worked/volunteered in a medical setting? If you have specifically worked/shadowed with a dosimetrist, please describe the level of commitment and time period spent.

6. Have you contributed to any research in the past? If so, please list any publications, presentations, or poster presentations.
