

CERTIFICATE RESPECTING CLINICAL PRACTICE – RADIATION THERAPY

List all the radiation therapy procedures you have performed independently in your employment as a medical radiation technologist in the specialty of radiation therapy, the frequency each procedure was performed, and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Treat patients with teletherapy using a variety of techniques:				
Single field – photons				
Parallel opposed pair				
Three field isocentre				
Four field isocentre				
Matching fields				
Extended distance				
Homolateral wedged pair				
Tangential fields				
Craniospinal				
Oblique fields				
Single field – electrons				
Construct Immobilization devices				
Construct shielding blocks (cerrobend)				
Operate Simulators				
Perform dosimetry				
Develop optimal dose distributions				
Perform dose calculations – manually and with computers				
Review Portal Images				
Involvement in brachytherapy procedures				

Other Techniques:

List Radiation Therapy Machines Used:

Other Procedures:

Perform quality assurance procedures				
Infection control procedures				
Administer contrast media by injection				
Tattooing				
Insert internal eyeshields				
Assess and educate the patient on radiation therapy reactions				

Validation of applicant:
 "I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature: _____ Date signed: _____

Validation of clinical supervisor:
 "I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent clinical practice in the specialty within the last five years."

Stamp or seal of facility:

Supervisor's signature: _____ Print name: _____

Name of facility: _____ Title of supervisor: _____

Date signed: _____ Telephone number of supervisor: _____