

**APPLICATION FOR RADIATION THERAPY SERVICE**

**Reply to:**

\_\_\_\_\_ **HOSPITAL NAME**

1. Name, experience, and eligibility or certification status of physician responsible for the service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Number of radiologists available to staff the service: \_\_\_\_\_

3. Name and certification status of the radiological physicist available to the service: \_\_\_\_\_

\_\_\_\_\_

4. Name and qualifications of dosimetrist (treatment plan technologist): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name and qualifications of the therapeutic radiological technologist: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of licensed nurses assigned to the service: \_\_\_\_\_

7. List the major pieces of radiation therapy equipment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does the hospital have a tumor board, tumor registry, and/or cancer committee in which the service staff participates?

Tumor Board:  YES  NO

Tumor Registry:  YES  NO

Cancer Committee:  YES  NO