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

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Cancer Committee:	🛛 YES 🛛	