



Radiation Therapist Self Assessment

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Print Name

SS#

Date

Work Settings	Frequency				Experience			
Acute care hospital	1	2	3	4	1	2	3	4
Cancer treatment center	1	2	3	4	1	2	3	4
Children's hospital	1	2	3	4	1	2	3	4
Doctor's office	1	2	3	4	1	2	3	4

Radiation Therapy	Frequency				Experience			
Linear accelerator	1	2	3	4	1	2	3	4
Linear accelerator with electrons	1	2	3	4	1	2	3	4
Superficial radiation treatment	1	2	3	4	1	2	3	4
Ortho voltage radiation treatment	1	2	3	4	1	2	3	4
Simulation of treatment sites	1	2	3	4	1	2	3	4
Treatment planning	1	2	3	4	1	2	3	4
Cobalt 60 therapy	1	2	3	4	1	2	3	4
Hyperthermia treatment	1	2	3	4	1	2	3	4
Strontium 90 therapy	1	2	3	4	1	2	3	4
Dosimetry	1	2	3	4	1	2	3	4
Calculations	1	2	3	4	1	2	3	4
Radiation precautions	1	2	3	4	1	2	3	4
Provision of treatment to patients with:								
Hodgkin's	1	2	3	4	1	2	3	4
Childhood cancer	1	2	3	4	1	2	3	4
Brain cancer	1	2	3	4	1	2	3	4
Lip & oral cavity cancer	1	2	3	4	1	2	3	4
Oropharyngeal cancer	1	2	3	4	1	2	3	4
Esophageal cancer	1	2	3	4	1	2	3	4
Hypo pharyngeal	1	2	3	4	1	2	3	4
Laryngeal	1	2	3	4	1	2	3	4
Stomach	1	2	3	4	1	2	3	4
Liver	1	2	3	4	1	2	3	4



Initials _____

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Radiation Therapy - cont.	Frequency				Experience			
Gall bladder	1	2	3	4	1	2	3	4
Kidney	1	2	3	4	1	2	3	4
Endocrine	1	2	3	4	1	2	3	4
Pancreatic	1	2	3	4	1	2	3	4
Bladder	1	2	3	4	1	2	3	4
Colon	1	2	3	4	1	2	3	4
Anal	1	2	3	4	1	2	3	4
Penile	1	2	3	4	1	2	3	4
Testicular	1	2	3	4	1	2	3	4
Vaginal	1	2	3	4	1	2	3	4
Vulvular	1	2	3	4	1	2	3	4
Uterine	1	2	3	4	1	2	3	4
Cervical	1	2	3	4	1	2	3	4
Ovarian	1	2	3	4	1	2	3	4
Endometrial	1	2	3	4	1	2	3	4
Breast cancer	1	2	3	4	1	2	3	4
Bone cancer	1	2	3	4	1	2	3	4
Lung cancer	1	2	3	4	1	2	3	4
Metastatic squamous cancer	1	2	3	4	1	2	3	4

General Skills	Frequency				Experience			
Patient / family teaching	1	2	3	4	1	2	3	4
Care of the patient in restraints	1	2	3	4	1	2	3	4
Lift / transfer devices	1	2	3	4	1	2	3	4
Computerized Charting								
Cerner	1	2	3	4	1	2	3	4
EPIC	1	2	3	4	1	2	3	4
McKesson	1	2	3	4	1	2	3	4
Meditech	1	2	3	4	1	2	3	4
National Patient Safety Goals								
Accurate patient identification	1	2	3	4	1	2	3	4
Effective communication	1	2	3	4	1	2	3	4
Pain assessment & management	1	2	3	4	1	2	3	4
Infection control	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Minimize risk of falls	1	2	3	4	1	2	3	4
Prevention of pressure ulcers	1	2	3	4	1	2	3	4



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Age Specific Competencies	Frequency				Experience			
Infant (birth to 1 year)	1	2	3	4	1	2	3	4
Toddler (ages 2-3 years)	1	2	3	4	1	2	3	4
Preschooler (ages 4-5 years)	1	2	3	4	1	2	3	4
Childhood (ages 6-12 years)	1	2	3	4	1	2	3	4
Adolescents (ages 13-21 years)	1	2	3	4	1	2	3	4
Young Adults (ages 22-39 years)	1	2	3	4	1	2	3	4
Adults (ages 40-64 years)	1	2	3	4	1	2	3	4
Older Adults (ages 65-79 years)	1	2	3	4	1	2	3	4
Elderly (ages 80+ years)	1	2	3	4	1	2	3	4

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature

Date