

Statement of Understanding

I have received a copy of the "Statement of Technical Standards Required of Professional Students" from the Radiation Therapy Technology Program. I have read the contents of this document and have had the opportunity to discuss the role of the radiation therapist with program faculty. I understand that they will continue to be available in the future to discuss any concerns I may have about my ability to perform the required activities on a temporary or permanent basis.

I understand that the information provided in this document is intended to serve as a guide regarding the physical, emotional, intellectual and psychosocial expectations placed on a student radiation therapist. I also understand that the role of the graduate radiation therapist may vary according to the requirements of the employer and that this document cannot include every conceivable action, task, ability or behavior that may be expected of me upon graduation.

I understand that the safety of patients, co-workers, and myself is of paramount importance. Therefore, I agree to provide information about any limitations or conditions that may directly or indirectly affect my ability to meet these requirements now or in the foreseeable future. I further agree to notify the Program should the status of my abilities change in the future.

I agree to cooperate with program faculty and clinical personnel in the event assessment for possible task modification needs to be done as a secondary phase of the admission process.

Signature of Prospective Student

Date

Signature of Program Representative

Date

PLEASE RETURN COMPLETED FORM AND MAIL TO:

Wayne State University
Eugene Applebaum College of Pharmacy & Health Sciences
259 Mack Ave
Suite 1600
Detroit, MI 48201