

Radiation Therapy Program Faculty of Medicine & Dentistry

Technical Standards Participation Declaration

I, ______, Student ID Number _____as a student of the Radiation Therapy Program, agree to participate in classroom, laboratory, and clinical exercises (including video) that impart necessary knowledge and skills for practice in the field.

I have read and assessed myself against the *BScRT Technical Standards with Self-Assessment* document. I understand that the standards outlined in this document are requirements for the profession of Radiation Therapy and therefore requirements for the BScRT program.

I understand that my education includes progressing through the Radiation Therapy program as a cohort, and includes travel and finding accommodation for clinical placement sites throughout the province of Alberta.

I understand that although course schedules will be organized in advance, throughout the program timetables may become variable and there is a requirement to be adaptable based on clinic need and/or opportunity.

I understand that my education includes non-invasive exercises such as:

- Participation in all aspects of clinical simulations, labs and clinical placements, including:
 - treating all patients equally,
 - engaging in the treatment of patients diagnosed with the full spectrum of tumors and benign conditions treated with radiation,
 - observing and interacting with patients in various states of dress including being fully disrobed
 - following all codes of ethics, standards of practice and professionalism of the University of Alberta, Faculty of Medicine & Dentistry, CAMRT, ACMDTT
 - observation of surgical procedures;
- The making of an immobilization device (impression) by fellow students, on me;
- Act in the role of the patient being marked up with removable ink and/or Tegaderm (a sticker) to simulate clinical treatment procedures;
- Participation in lifting and moving labs that will require me to move a fellow student and/or be moved by fellow students;
- Any other relevant lab or clinical activities.

| Name | |
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| | |
| Signature | Date |
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| Protection of Privacy - The personal information requested on this form is collected under the authority of | |
| Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under | |
| Part 2 of that Act. It will be used for the purpose of managing the disclosure of police information check | |
| information process. Direct any questions about this collection to: Radiation Therapy Program, 3-12 University | |
| Terrace, 8303 – 112 Street, Edmonton, AB T6G 2T4, Phone: (780)492-6918, E-mail: radth@ualberta.ca | |