

**AMARILLO COLLEGE
RADIATION THERAPY
PROGRAM APPLICATION**

INSTRUCTIONS: Please PRINT or TYPE this application form. Complete ALL items. Information must be current. If the applicant's name, address, or telephone number changes after this application has been filed, it is the responsibility of the applicant to update the information with the program director IMMEDIATELY. Failure to maintain a current application could jeopardize the position of the applicant on the applicant roster.

Social Security Number: _____ - _____ - _____ Date of Application: _____

Name of applicant: _____
LAST FIRST M

Home Address _____
STREET OR P O BOX
CITY STATE ZIP CODE

HOME TELEPHONE NUMBER: () _____ WORK TELEPHONE NUMBER: () _____

Cell #(if applicable) _____ email(if applicable): _____

RELATIVE TELEPHONE NUMBER: () _____ Name: _____
(other than parent or spouse)

Emergency information:
PERSON TO CONTACT: _____ Relationship: _____

TELEPHONE NUMBER(S): _____

PREVIOUS EDUCATION (circle all that apply):

G.E.D.	High School Diploma	College Certificate
Associate Degree	Bachelor's Degree	Masters Degree

HOW DID YOU LEARN OF THE RADIATION THERAPY PROGRAM AT AMARILLO COLLEGE?

_____ COLLEGE CATALOG	_____ CAREER DAY
_____ HIGH SCHOOL COUNSELOR	_____ PHYSICIAN
_____ FRIEND	_____ RELATIVE
_____ ADVERTISEMENT	_____ OTHER (PLEASE LIST) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OFFENSE OTHER THAN
MINOR TRAFFIC VIOLATIONS?

_____ NO _____ YES (IF YES, PLEASE EXPLAIN USING AN ATTACHED
PAGE)

I certify that the information given on this application form is current, complete, and correct. I acknowledge
that deliberate omissions or falsifications may subject me to immediate dismissal from Amarillo College.

DATE: _____

SIGNED _____

FOR COLLEGE USE ONLY:

DATE APPLICATION FORM RECEIVED: _____

DATE APPLICATION COMPLETED: _____

AMARILLO COLLEGE DIVISION OF ALLIED HEALTH
STATE OF TEXAS §
COUNTY OF POTTER §
RELEASE AND WAIVER OF LIABILITY

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College") and _____ ("Student").
name of student

In consideration of Student being permitted to enroll at Amarillo College in the Radiation Therapy program and the acknowledgment of Student of the following facts:

1. That Student will be required, as part of the normal educational process towards Student's degree to be placed in a teaching environment including, but not limited to, local medical institutions, offices of local practitioners, ambulances, medical laboratories, and other environment (hereinafter called medical affiliates), all of which are affiliated with Amarillo College for these purposes and that while in these medical affiliates, Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with fatal or potentially fatal diseases processes which may be of a contagious nature; and,
2. That Student will be first provided as part of the normal educational process toward Student's degree with detailed information about the nature, risks and preventive measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of Student; and,
3. That Student could be exposed to high risk toxic substances in the medical affiliates, but will be first provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place Student into the respective medical affiliates as they deem necessary for the successful completion of Student's specific educational program;
2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its educational programs (hereinafter collectively called Releases) from all liability to Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in death of Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releases or otherwise while the Student is on or within any of the medical affiliates;
3. Indemnify and hold harmless Releases from any loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,
4. Hereby assumes full responsibility for any and all risks due to participation in the normal educational process in the medical affiliates described above.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or contracting fatal or potentially fatal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

I have read this document. I understand it is a release of all claims.

I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree as set out above.

I voluntarily sign my name evidencing my acceptance of the above provisions.

Dates this _____ day of _____ 20_____

Signed: _____
full legal name of student

CLINICAL SITE VISIT

Each applicant seeking admittance into the Radiation Therapy program will be required to visit a Radiation Therapy Technology Department to observe its operation for a minimum of FOUR clock hours.

To make a clinical site visit appointment, the applicant should follow these steps:

1. The appointment will typically be made during the interview. Again, the interview cannot take place until items specified in the Admissions Procedures section of this document have been turned in to the Program Director.
2. Please honor this appointment day and time, or call to cancel or re-schedule if necessary.
5. As stated, the minimum visitation time is four clock hours. You may stay longer if you wish. Remember, the purpose of this visit is to permit you to see "behind the scenes" and to speak with those already working in the radiation therapy profession to hear their pros and cons about the job. So, stay as long as you need until you are fairly sure that this is the career choice suited for you.
6. When you go for the visit, **dress in a manner appropriate for a professional environment.** Please do not wear blue jeans, tennis shoes or "T"-shirt type shirts. Female applicants should not wear strong perfumes or heavy make-up. Female applicants that wear skirts or dresses should keep the length below the knee. Flats are also preferred over high heeled shoes. No shorts of any kind, no open-toe shoes, no sleeveless shirts.
Shirts should have a collar.
7. During the visitation, please remain in each designated area as assigned by the Program Director (Tony Tackitt). If you have questions, do not hesitate to ask. Be careful, however, of asking questions while in the presence of a patient. Wait until the patient has left the area.
8. Return the lower part of this form to the Program Director or the Clinical Coordinator as soon as you have completed the visit.

Name of applicant: _____

Date of Visitation: _____ Appointment Time: From _____ to _____

signed: _____ RT((T)

RADIATION THERAPY PROGRAM INFORMATION ACKNOWLEDGMENT FORM

Social Security Number: _____ - _____ - _____

In particular, I have received each of the following:

- I understand the application process and the process by which students are selected into the Radiation Therapy program. I also understand that it is my responsibility to notify the radiation therapy program director in writing of any address or phone number changes. Amarillo College is not responsible for any student not receiving information due to out-of-date address or telephone information. I also understand that, if accepted into the program, I will have to complete my immunization at my own expense and fill out a form verifying my ability to perform the tasks necessary while in training.

Note-Only applicants that have completed the admission procedure (portfolio) will receive any communications. Any applicant that does not complete a portfolio will not be considered for any communications and will not be considered for admission into the program.

Date _____