

Application Instructions

Medical Dosimetry Post-Baccalaureate Certificate Program

All applicants to the Medical Dosimetry Post-Baccalaureate Certificate must have completed a bachelor's degree with a minimum GPA of 3.0. They must also have completed the following prerequisite courses with a grade of "B" or higher.

- Calculus I & II
- Physics I & II (must be calculus-based)
- Majors' Biology w/lab OR Chemistry I & II with lab
- Anatomy & Physiology I & II with lab

Students currently completing prerequisite coursework are encouraged to apply. However, final admission will be contingent upon documentation of successful completion of coursework. The application deadline is **January 31st** with interviews scheduled in February or March for entry in **September 2014**. Candidates selected for an interview will be contacted by the program to schedule it. We can only accept a total of 6 students which is our maximum clinical capacity at this time.

Application to the Medical Dosimetry program requires ALL of the following:

☐ **Completed application forms**

☐ **Two letters of recommendation**

2 Letters from someone who can provide an overall assessment of you and your qualities as a student and/or employee

Assessment of:

- Academic skills (if applicable)
- Written & verbal communication skills
- Work ethic
- Punctuality
- Quality of interactions with professors, fellow students, and/or employees
- Any other pertinent information

Please have the letter emailed (as a PDF) or sent USPS to :

Jessica Mak, Program Director, Radiation Science

Suffolk University
Physics Department
Archer 345
41 Temple Street
Boston, MA 02114
jlماك@suffolk.edu

Please provide the following information about the two people who will be providing your recommendations:

Name:

Name:

Phone #

Phone #

Email Address:

Email Address:

☐ **2 official copies of previous college transcripts mailed to Jessica Mak (see address above).**

☐ **Resume or curriculum vitae (CV) emailed in PDF format to suffolkphysics@gmail.com.**

☐ **Math assessment which is completed on-site on the day of the interview. This assessment covers basic math including algebra and trigonometry. Students should be familiar with rules of exponents and natural logs. No calculators are permitted during the math assessment.**

☐ **Writing sample: Provide a one page writing sample to assist us with evaluation of your written communication skills. You may choose a topic of your choice or pick one from the list below.**

1. Why have you chosen to pursue a career in Medical Dosimetry?
2. When did you first realize that you wanted to become a Medical Dosimetrist?
3. Describe your two-hour shadowing experience and what you learned from it.

The writing sample should be sent via **email** in PDF format to suffolkphysics@gmail.com

☐ **Shadowing experience**

All applicants must have completed a shadowing experience before the day of their interview. This will require 2 to 4 hours of your time and consists of observing certified Medical Dosimetrists at work to assure your suitability for the career you are applying to. Out of state applicants are encouraged to complete the shadow experience at a local medical institution of their choice. The Suffolk Radiation Science faculty can also arrange shadows at one of our local hospital affiliates. The program will request feedback from the person(s) with whom you shadow as noted in the application form. If you need assistance scheduling a shadow at one of our affiliates, please contact Jessica Mak, Radiation Sciences Program Director at jlmak@suffolk.edu or 617-305-1995. Please provide the following information regarding your shadow:

Name:

Institution:

Phone #

Email Address:

Date of Shadow:

If you have any additional questions, please do not hesitate to contact the **Suffolk University Physics Department** at: **617-573-8663**.

Application: Medical Dosimetry Program

Name: Date:

Contact Information:

Mailing Address:

Street Name & Number

City/State

Email Address:

Day Phone: Evening Phone:

Personal Information:

Date of Birth (MM/DD/YYYY):

Social Security Number:

Background Information:

What institution did you receive your bachelor's degree from?

What did you receive your bachelor's degree in?

Are you certified in any of the other radiological sciences? ☐ Yes ☐ No

If so, which one(s)? ☐ X-ray ☐ Nuclear Medicine ☐ Ultra Sound

Have you ever been enrolled as a Medical Dosimetry student before? ☐ Yes ☐ No

If so, where were you enrolled?

Although prospective students are not required to disclose this information, we must make all radiation therapy students aware that a CORI (Criminal Offender Record Information) must be performed prior to entering any of our clinics.

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

Pre-Requisite Matrix: Please fill in this matrix with the information requested.

	Course #	Course Name	Grade	Location Course Taken	If not taken yet, when do you plan on taking the course?	If not taken yet, where do you plan on taking the course?
Physics I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physics I Lab	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physics II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physics II Lab	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anatomy & Physiology I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anatomy & Physiology II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology I or Chemistry I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology I or Chemistry II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calculus I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calculus II	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Signature (type your name)

Date:

