

Physics Department

41 Temple Street Boston, MA 02114

617.573.8663 617.367.5063 (fax)

www.suffolk.edu/cas

Radiation Therapy Program Application Instructions
Application Checklist
Name: Date:
Application to the Radiation Therapy program requires ALL of the following:
☐ Completed application forms
One letter of recommendation
1 Letter 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 to (mailed letters are also acceptable):
Jessica Mak Suffolk University Physics Department Archer 345 41 Temple Street Boston, MA 02114 jlmak@suffolk.edu
Please provide the following information about the person who will be providing your recommendation:
Name:
Phone #
Email Address:

2 official copies of previous college transcripts (certificate/transfer applicants)
Mailed to Jessica Mak (see address above)
☐ 1 copy of current unofficial transcript (Suffolk undergrad applicants, only)
E-mailed to Jessica Mak: jlmak@suffolk.edu

Required Pre-requisites

- 3.0 Minimum undergraduate cumulative GPA Grade of "B" or better in the following:
 - Physics I and II with Labs
 - Anatomy and Physiology I and II with Labs
 - Biology I with Lab
 - Pre-Calculus OR Calculus I

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						
Physics I Lab						
Physics II						
Physics II Lab						
Anatomy & Physiology I						
Anatomy & Physiology I Lab						
Anatomy & Physiology II						
Anatomy & Physiology II Lab						
Biology I						
Biology I Lab						
Pre-Calculus or Calculus						
Have you taken Intro to Cancer Care (SCI 108)? If so, what was your grade?						

Your shadowing experience will be arranged by Suffolk Radiation Science faculty nearing the interview process. The shadowing experience is done in the radiation oncology clinic at one of our hospital Affiliates. It requires at least 2 hours of your time and consists of observing registered Therapists at work to assure your suitability for the career you are applying to. If applicants are out of state, shadowing may be done at other medical institutions as long as proof of participation is provided.

☐ Interview with the Radiation Science Committee.	
Interviews for all Radiation Therapy applicants will take place the week of February 3-7, 2014. For scheduling purposes, we ask that you identify up to 3 potential dates during our interview week that you would be able to make yourself available for a 4 hour window to complete your shadow, math assessment, and interview.	
First choice date between Feb. 3 and Feb. 7 Second choice date between Feb. 3 and Feb. 7 Third choice date between Feb. 3 and Feb. 7	
Indicate a minimum 4 hour window on that date: Indicate a minimum 4 hour window on that date: Indicate a minimum 4 hour window on that date:	
Once you are contacted for an interview, you must arrange to visit the department earlier than your appointment time in order to complete the following:	
Math Assessment Test	
Given on site prior to your interview.No calculator use is permitted.Topics: basic math, including algebra and trigonometry	
☐ Writing sample – Please send your writing sample as a PDF to suffolkphysics@gmail.com	n
The purpose of this writing sample is to further evaluate your writing and communication skills, and need not be more than one typed page.	
You may choose a topic of your choice, or from the list below:	
 Why have you chosen a career in Radiation Science? When did you first realize that you wanted to become a Radiation Therapist? Describe your two-hour shadowing experience. 	
Certificate Students - Upon acceptance to the program you will need to apply to the University under the Certificate applications, however, please wait until you have received your offer from the Radiation Science department.	

Important, please read prior to applying:

Suffolk University's Bachelor of Radiation Therapy and its Post-Baccalaureate program can only accept a total of ten (10) students per year into the clinics. Meeting the required prerequisites does not guarantee acceptance.

Students who are not admitted into the program have three choices:

- 1) Re-apply the following year
- 2) Continue and graduate as a Radiation Science major (undergraduate applicants only)
- 3) Change majors, if desired (undergraduate applicants only)

The application deadline is January 1, 2014. Interviews will be held in February and acceptance into the program will be for the fall semester, September 2014.

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

Application: Radiation Therapy Program

Name:	Date:
In what capacity are	you applying for the Radiation Therapy Program?
Post-Baccala	ureate Certificate
Suffolk Unive	ersity Undergrad – Rising Juniors & Seniors Only
Transfer Und	ergraduate – Rising Juniors & Seniors Only
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	tion:
What institution did you receiv degree from? (Certificate appli	
What did you receive your bac (Certificate applicants only)	helor's degree in?
Are you certified in any of the o	ther radiological sciences?
If so, which one(s)?	y Nuclear Medicine Ultra Sound

Have you ever been enrolled as a radiation therapy student before? (○ Yes	○ No
If so, where were you enrolled?		
Although prospective students are not required to disclose this therapy students aware that a CORI (Criminal Offender Recordentering any of our radiation therapy clinics.	v	
Have you ever been convicted of a felony or misdemeanor?	○ Yes	○ No
Applicant's Signature (type your name)	Date:	
Applicants signature (type your name)		