



Radiation Therapy Skills Checklist

Name: _____ Date: _____

Email Address: _____ Phone: _____

Level of Efficiency

1=Never Performed

2=Familiar With

3=Experienced

4=Proficient

Background	1	2	3	4
Hospital				
Doctor's Office				
Orthopedics				
Surgery				
Trauma				
Clinic				
Other (list):				

Radiation Therapy	1	2	3	4
Ortho Voltage Radiation Treatment				
Simulation of Treatment Sites				
Cobalt 60 Therapy				
Strontium 90 Therapy				
Accelerator with Electrons				
Calculations				
Radiation Precautions				
Hyperthermia Treatment				
Linear Accelerator				
Superficial Radiation Treatment				
Block Cutting				
Geometric Parameters				
Patient Measurements				
Venipuncture				
Proton Beam				
Neutron Beam				
Brachytherapy Wires				
Brachytherapy Seeds or Molds				
Brachytherapy Rods				

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Radiation Therapy (Cont'd.)	1	2	3	4
Interstitial Brachytherapy				
Intraluminal Radiation Therapy				
Intravenous Radioactively Tagged Molecules				
I-131				
Other (List):				

Provision of Treatment to Patients with Cancer	1	2	3	4
Anal Cancer				
Bone Cancer				
Brain Cancer				
Breast Cancer				
Bladder Cancer				
Cervical Cancer				
Childhood Cancer				
Colon Cancer				
Esophageal Cancer				
Endometrial Cancer				
Endocrine System Cancer				
Gallbladder Cancer				
Hodgkin's and other Lymphomas				

Provision of Treatment to Patients with Cancer	1	2	3	4
Hypo Pharyngeal Cancer				
Kidney Cancer				
Laryngeal Cancer				
Lip and Oral Cavity Cancer				
Lung Cancer				
Liver Cancer				
Metastatic Squamous Cancer				
Ovarian Cancer				
Oropharyngeal Cancer				
Penile Cancer				
Pancreatic Cancer				
Testicular Cancer				
Uterine Cancer				
Vaginal Cancer				
Vulvular Cancer				

Certification:

BCLS: Yes _____ No _____

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