



CLINICAL CAPACITY CHANGE – RADIATION THERAPY

FORM 1010T

I. General Information	
Program Name	
JRCERT Program Number	
Clinical setting for which capacity change is sought	
Clinical Setting Address	

II. Clinical Capacity	
<p>The JRCERT will determine the clinical total capacity for this facility based upon the lower available resource identified as follows:</p> <p>Please identify the total number of treatment and simulation units (physical resources) located on the campus of this facility. This must NOT include dosimetry or patient care rooms. Note: A campus is defined as the buildings and grounds of a school, college, university, or hospital and does NOT include any geographically dispersed campus. Separate recognition is required for each facility not meeting this definition.</p> <p>Additionally, please identify the total number of qualified practitioners/radiation therapists (human resources) scheduled to be present on a typical day during the time of day that students will be on site.</p>	
Total number of treatment units	
Total number of simulation units	
Total number of qualified practitioners/radiation therapists typically scheduled during the time of day students will be on site	
New requested clinical capacity (number of students program will assign to the facility at any one time)	

III. Program Total Capacity

Based on the requested change in clinical capacity of this facility, the program would like the program total capacity to Remain the same **OR** Increase by _____ students **OR** Decrease by _____ students

IV. Signature

The following signature constitutes a request for a change in clinical capacity of this facility and is accurate to the best of my knowledge.

Program Director Signature

I agree that typing my name qualifies as my signature.