



CLINICAL CAPACITY CHANGE – MEDICAL DOSIMETRY

FORM 1010MD

| 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 number of dosimetrists available at the facility.</p> <p style="padding-left: 40px;">Please identify the total number of dosimetrists (human resources) located on the campus of this facility.</p> <p style="padding-left: 40px;">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> | |
| Total number of dosimetrists | |
| 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 checking this box qualifies as my signature.