



Competency Checklist

Radiation therapy procedures

The procedures, as identified, should accurately reflect the experiences of the applicant. Those items achieved at a level of 'competence' indicate that the applicant has demonstrated, through independent actions, the orderly progression of tasks required to achieve accurate diagnostic images and therapeutic results within a reasonable standard of time, for a variety of patient cases. Those identified as N/A may require orientation within the Alberta clinical setting.

To complete the checklist:

1. indicate the date when the procedure was last performed
2. indicate whether competence was demonstrated or whether the particular procedure was not applicable to the area of clinical practice
3. obtain supervisor validation for the checklist entries

Procedure/Treatment	Date last performed	Competent	N/A	Supervisor Validation
Conventional Simulator				
Perform localization				
Apply references +/- tattoos				
Administer contrast media				
CT Simulation				
Perform scanning procedures				
Reprocess & reconstruct images electronically				
Dosimetry/Treatment Planning				
Delineate volumes of interest				
Develop optimal dose distributions				
Produce shielding templates				
Calculate treatment times and monitor unit settings.				
Transcribe planning information into treatment documents				
Critique planning & treatment portal images				

Mould Room				
Fabricate immobilization devices				
Fabricate shielding devices				
Fabricate beam compensating devices				
Treatment – External Beam				
Single field – electrons				
Single field – high energy photons				
Single field – apposition/ortho				
Parallel opposed pair - photons				
Multi-field lung techniques				
Multi-field pelvic techniques				
Multi-field breast techniques				
Multi-field head techniques				
Multi-field head/neck mixed beams techniques				
Treatment – External Beam cont.				
Extended FSD techniques				
IMRT				
Special Applications				
Surface applicators				
LDR brachytherapy				
HDR brachytherapy				
Quality Control (QC)				
QC of imaging equipment				
QC of treatment equipment				

Applicant Name: _____ Date: _____

Supervisor Name: _____
(please print)

Supervisor Signature: _____

Supervisor Contact Info:

Phone Number: _____ email: _____