MEDICAL DOSIMETRY PROGRAM

After reading the Medical Dosimetry Handbook, please sign and date these forms and return them to the Health Professions Admissions Office by June 30.

Mail:
UW-L Medical Dosimetry Program
Health Professions Admissions
1725 State Street 4033 HSC
La Crosse, WI 54601

Email:
Pete Amann
pamann@uwlax.edu

Fax:
608-785-8460
Attn: Pete Amann

College of Science and Health
MEDICAL DOSIMETRY PROGRAM

Receipt of Student Handbook

I have received and reviewed the Medical Dosimetry Student Handbook. If I had any questions or concerns, they have been answered to my satisfaction.

_____

Student Signature   Date

Acknowledgment of Essential Functions of a Medical Dosimetrist and Health Policies of the Medical Dosimetry Program

I have read and understand the Essential Functions of a Medical Dosimetrist and Health Policies of the Medical Dosimetry Program. If I had any questions or concerns, they have been answered to my satisfaction.

_____

Student Signature   Date

UNIVERSITY *of* WISCONSIN
LA CROSSE

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My signature shows that I have read and understand the U.S. Nuclear Regulatory Commission Regulatory Guide 8.13 which explains the risk of prenatal radiation exposure. I also understand that the University of Wisconsin La Crosse and the clinical affiliates recommend that pregnant students not be involved with brachytherapy treatments.

Adjustments in clinical rotations will be necessary. The University does not guarantee eligibility for graduation or application for the MDCB examination if all clinical practicum course requirements are not accomplished. Time used above and beyond allowed vacation and sick leave must be made up.

I have also read and understand the Policy on Student Pregnancy of the University of Wisconsin La Crosse in regard to the Medical Dosimetry Program.

Pregnant women are required to wear at all times their radiation dosimeter as well as other measuring devices deemed necessary and desirable by the Radiation Safety Officer of the respective clinical internship site.

I have read and understood the above mentioned material and this document and agree to all the conditions.

_____
Student Signature   Date