



Global Physics Solutions

Dear Applicant,

Thank you for your interest in the Global Physics Solutions (GPS) Remote Dosimetry School (RDS). This Remote Program is one-year in duration and follows the training guidelines recommended by the *AAMD*.

Enclosed you will find:

- Summary of the Program
- Student Application
- Student Reference Sheets
- Facility Checklist
- Frequently Asked Questions
- Student Training Agreement

GPS is a clinically based medical physics practice group that specializes in education/training, commissioning, clinical physics and dosimetry support, diagnostic/nuclear medicine consulting and physics program and specialty services implementation. I welcome you to learn more about GPS and the RDS training program by visiting the webpage at [www.arcphysics.net](http://www.arcphysics.net) and [www.globalphysics.net](http://www.globalphysics.net).

The RDS training program application process is as follows:

|                                  | <u>May Course</u> | <u>Sept. Course</u> | <u>Jan. Course</u> |
|----------------------------------|-------------------|---------------------|--------------------|
| Application Due:                 | March 11, 10      | July 23, 10         | Nov. 12, 10        |
| Students Notified of Acceptance: | April 4, 10       | Aug. 16, 10         | Dec. 6, 10         |
| 1 <sup>st</sup> Day of Stage 1   | May 2, 10         | Sept. 13, 10        | Jan. 3, 11         |
| Last Day of Stage 1              | May 27, 10        | Oct. 8, 10          | Jan. 28, 11        |
| Program Completed                | May 2011          | Sept. 2011          | Jan. 2011          |

I look forward to receiving your application.

Brent D. Murphy, MS, DABR  
Vice President, Educational Services



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## Remote Dosimetry School

### Program Summary

The RDS training program includes didactic and lab instruction along with a clinical rotation at the Sponsoring Facility and/or Affiliating Training Agency covering topics such as Basic Radiation properties, Biology and Delivery, Simulation Processes and Treatment Planning.

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### GPS RDS training program consists of two stages:

|                                      |            |                     |
|--------------------------------------|------------|---------------------|
| Stage 1: Didactic/Lab Training       | Weeks 1-4  | 200 hours           |
| Stage 2: Clinical Rotation 11 months | Weeks 5-52 | 1700 clinical hours |
| Didactic Training (On-line)          | Weeks 6-52 | 140 hours           |
| Oral Planning Review                 |            |                     |

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**Stage 1:** Stage 1 is an intensive Medical Dosimetry “Boot Camp” that includes didactic and lab instruction.

Location: The didactic portion of the program will be held at:

**Global Physics Solutions  
Educational Services  
100 E. Wayne St. Suite 140  
South Bend, IN 46601**

Hours: Minimum of 200 didactic / lab / module hours.

### Curriculum:

- Basic Radiation Properties / Radiation Biology & Radiation Delivery
- Tissue Tolerances / Prescription Doses / DVHs
- Conventional Simulation & CT Simulation Basic
- Photon Dosimetry / Hand Calculations / Electron Dosimetry
- Treatment Planning / Plan Review / Hand Calcs
- Electron Treatments
- CT Sim & Immobilization
- CT Simulation & Treatment of: Prostate, Brain, Head and Neck, Breast, Abdomen, GYN and Extremity Cancers

Terms: Failure to pass Stage 1 will result in immediate removal from the program.

**Stage 2:** Stage 2 is an 11-month on-site clinical rotation.

Location: Sponsoring Facility and/or Affiliating Training Agency location.

Hours: 1700 clinical hours and 140 Didactic Training (On-line).

Terms:

Clinical Rotation. The student will be responsible for completing case studies, clinical and technical module assignments, plan reviews, labs and monthly performance logs that will fulfill the requirements of the AAMD guidelines. In addition, it is required that the student adhere to the course schedule. Failure to do so will result in notification of the Sponsoring Facility and/or GPS RDS Program Director.

During the 2<sup>nd</sup> stage, the student is expected to participate at the training level established by the Sponsoring Facility and/or Affiliating Training Agency. The student is also required to be supervised by the Sponsoring Facilities Medical Physicist and Radiation Oncologist or the RDS Clinical Instructor depending on the clinical rotation placement.

Didactic Training. Students should allow 5-10 hours per week in addition to the on-site clinical instruction to complete the on-line didactic training. Failure to do so will jeopardize program completion and may result in notification of the Sponsoring Facility and/or GPS RDS Program Director.

Oral Planning Review. The Clinical Instructor will continue throughout Month 11 to provide medical dosimetry daily planning activities for the student. In addition, the student will review the Q&A which will be provided by the Program Director and continue as assigned by Clinical Instructor. At program completion, the student will be able to demonstrate planning competencies and prepare to take the oral planning review guided by the Program Director.



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**Remote Dosimetry School**  
**Stage 2 - Student and Sponsoring Facility Responsibilities**

**Student's Role:** Student will be responsible for:

- 1) Case Studies
- 2) Clinical and Technical Assignments
- 3) Plan Reviews
- 4) Labs
- 5) Monthly Performance Log

**Radiation Oncologist's Roll:** Identified to oversee the work of the dosimetrist which includes:

- 1) Allow / Encourage the student to participate in Film Reviews/ Tumor Boards.
- 2) Provide clinical guidance to the student on case presentations and labs as necessary.
- 3) Evaluate and provide feedback to the student on the student case presentations.
- 4) Sign off on student log for satisfactory work performed
- 5) Contact the GPS Program Director in the event of any substandard work.

**Medical Physicist's Roll:** Identified to oversee the work of the dosimetrist that includes:

- 1) Expand on the student's modules and challenge student with subsequent questions.
- 2) Allow / Encourage the student to participate in Linac Monthly calibrations, and other Radiation Oncology QA programs.
- 3) Provide clinical guidance to the student on case presentations.
- 4) Evaluate and provide feedback to the student on the student case presentations.
- 5) Supervise the work of the dosimetrist.
- 6) Sign off on any appropriate plans/work as required by the State of general practice guidelines.
- 7) Sign off on Monthly Student Log for Satisfactory Work Performed.
- 8) Contact the GPS Program Director in the event of any substandard work.



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## Remote Dosimetry School

### Application Process

Please complete the following steps to apply for the RDS Training Program.

1. Complete the application.
2. Read through the RDS Student Agreement and initial the bottom of each page of the agreement.
4. Include the deposit (final payments are due one (1) month prior to program start date).
5. Mail the application and application fee to Global Physics Solutions at:

**Global Physics Solutions  
Educational Services  
100 E. Wayne St. Suite 140  
South Bend IN 46601**

### Program Eligibility

To qualify for admissions individuals must:

- \* Hold certification by the American Registry of Radiologic Technologists in Radiation Therapy Technology with three years of experience.

OR

- \* Hold a BS degree in physical science, preferably with one year of physics.

### Acceptance

GPS will notify you when your application has been received and will process it in accordance with the application timeline listed above. If accepted into the program a confirmation of acceptance will be emailed shortly thereafter.

### Selection Criteria

The Admissions Committee will review all completed applications and will select candidates for a personal telephone interview based on academic achievements, GPA, experience/training and professional/personal references. Applicants with a strong mathematical education are preferred.

## **Tuition**

Tuition covers the training program, one course manual and one physics (Khan) and one dosimetry (Bentel) reference book.

Tuition total fees: \$ 11,500

## Payments.

1. Application fee of \$25.00 is due upon application submission. (Checks are payable to Global Physics Solutions).
2. A Non-refundable deposit of \$1,000 fee is due upon acceptance; deposit must be received by Affiliating Training Agency at a minimum one week prior to the start of the RDS training program.
3. Balance Amount. The total course fee of \$11,500 **is due** by the end of the program. Payment may be made via lump sum or as per a payment plan arranged with and approved by the Affiliating Training Agency. If the Student has completed the program but has not paid the balance, the Student will not be considered as having completed the program nor will they receive a certificate of completion.
4. RDS Payment Plans Available – please call 866-537-2200.

## Form of Payment.

Payments shall be made by check drawn on a bank in the United States or automatically charge to a credit card on file.

## **Cancellations**

1. The Student is responsible for complying with the following cancellation provisions:
  - Applicants are responsible for the application fee and will automatically lose the \$25.00 application fee if they withdraw from the program.
  - Student withdrawals up to one (1) month prior to initial course date, shall qualify for a 75% refund of the course fee (minus the \$25.00 application fee);
  - Student withdrawals of less than one (1) month from initial course date shall qualify for a 50% refund of the course fee (minus the \$25.00 application fee);
  - Student withdrawals within one (1) week of initial course date and up to the day before the course begins shall qualify for a 25% refund of the course fee (minus the \$25.00 application fee);
  - Absolutely no refunds will be issued the day before or the day on which the course begins, or at any time thereafter.
  - Absolutely no refunds will be issued in the event that the Student is terminated from the program.



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## Remote Dosimetry School Frequently Asked Questions

### **Stage 1**

#### **Why is Stage 1 called a Boot Camp?**

*Stage 1 is intensive training technique similar to military boot camp. Students are given instruction utilizing a repetitive training method, which has proven to be very successful.*

#### **Are their exams during the Boot Camp?**

*Yes. There are 3 written exams and 1 cumulative Oral Examination.*

#### **Is their hands on during Stage 1?**

*Yes. Students will be required to demonstrate hands on competency in areas of CT Simulation and Treatment Planning.*

#### **How long is Stage 1?**

*Stage 1 is 4 weeks long with lectures varying from 3hrs – 10 hrs per day. Assignments and hands on practice will vary from 3 hrs – 10 hrs per day. Group study sessions frequently occur in the evenings and on weekends.*

#### **Where do the students stay during Stage 1.**

*Stage 1 is 4 weeks long. Lodging is available at a variety of sites and price ranges. The Director of Remote Educational Services can provide you with a listing of housing options.*

### **Stage 2**

#### **What type of project work is required during Stage 2?**

*Stage 2 is the clinical rotation cycle lasting 11 months. Didactic work to include case studies, clinical and technical module assignments, plan reviews, labs and monthly performance logs are examples of work that will be required.*

#### **What responsibilities do facilities have?**

*Responsibilities are outlined in the Student and Sponsoring Facility Responsibilities Memorandum.*



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**Remote Dosimetry School  
Application for Admission**

**Personal Information**

Please type or print information:

|                                                      |       |        |                   |            |
|------------------------------------------------------|-------|--------|-------------------|------------|
| LEGAL NAME as shown on your Social Security Card     |       |        | SOCIAL SECURITY # |            |
| Last                                                 | First | MI     |                   |            |
| PERMANENT MAILING ADDRESS (including PO Box, Apt. #) |       |        |                   |            |
| Street                                               | City  | County | State             | Zip Code   |
| HOME PHONE                                           |       |        | CELL PHONE        | WORK PHONE |
| EMAIL ADDRESS                                        |       |        |                   |            |

**Education** list relevant education / degrees / certifications and dates obtained, if applicable.

| EDUCATION   | INSTITUTION | CITY, STATE | DATES ATTENDED |    | DEGREE | GPA |
|-------------|-------------|-------------|----------------|----|--------|-----|
|             |             |             | From           | To |        |     |
| HIGH SCHOOL |             |             |                |    |        |     |
| COLLEGE     |             |             |                |    |        |     |
| OTHER       |             |             |                |    |        |     |
| OTHER       |             |             |                |    |        |     |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

**Employment History** list current/most recent position first.

**COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT**

May we contact your current employer? \_ Yes \_ No

|                                            |                          |                                                       |
|--------------------------------------------|--------------------------|-------------------------------------------------------|
| <b>1. NAME OF EMPLOYER</b>                 | <b>ADDRESS/ LOCATION</b> | <b>DATES EMPLOYED</b><br>From                      To |
| <b>TYPE OF BUSINESS</b>                    | <b>POSITION/TITLE</b>    | <b>REASON FOR LEAVING:</b>                            |
| <b>MANAGER'S NAME</b>                      | <b>MANAGER'S TITLE</b>   | <b>PHONE (    ) -</b>                                 |
| <b>LIST OF DUTIES AND RESPONSIBILITIES</b> |                          |                                                       |
| <b>2. NAME OF EMPLOYER</b>                 | <b>ADDRESS/ LOCATION</b> | <b>DATES EMPLOYED</b><br>From                      To |
| <b>TYPE OF BUSINESS</b>                    | <b>POSITION/TITLE</b>    | <b>REASON FOR LEAVING:</b>                            |
| <b>MANAGER'S NAME</b>                      | <b>MANAGER'S TITLE</b>   | <b>PHONE (    ) -</b>                                 |
| <b>LIST OF DUTIES AND RESPONSIBILITIES</b> |                          |                                                       |
| <b>3. NAME OF EMPLOYER</b>                 | <b>ADDRESS/ LOCATION</b> | <b>DATES EMPLOYED</b><br>From                      To |
| <b>TYPE OF BUSINESS</b>                    | <b>POSITION/TITLE</b>    | <b>REASON FOR LEAVING:</b>                            |
| <b>MANAGER'S NAME</b>                      | <b>MANAGER'S TITLE</b>   | <b>PHONE (    ) -</b>                                 |
| <b>LIST OF DUTIES AND</b>                  |                          |                                                       |

|                  |  |  |
|------------------|--|--|
| RESPONSIBILITIES |  |  |
|------------------|--|--|

**BACKGROUND**

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** (Exclude convictions for marijuana-related offenses for personal use more than two years old; convictions that have been sealed, expunged or legally eradicated, and misdemeanor convictions for which probation was completed and the case was dismissed.)

YES      If yes, please describe the nature of the crime (s), the date and place of conviction and the legal disposition of the case. The Affiliating Training Agency will not deny employment to any applicant solely because the person has been convicted of a crime. The Affiliating Training Agency, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the program and requirements applied for.

NO

**HISTORY**

1. Have you attended prior ARC or GPS Education and Training Courses?

If yes, Please provide name of class, instructor name and date taken.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. Have you attended a Basic Medical Terminology and/or Anatomy Course in the past 2 years?

Please circle one:      YES   /   NO

3. How did you hear about GPS?

Friend (NAME) \_\_\_\_\_ Healthcare Facility (NAME ) \_\_\_\_\_

Direct Mail or Email (DATE ) \_\_\_\_\_ Other (DATE) \_\_\_\_\_

**\*\*\* SEND A COPY OF YOUR RESUME, an OFFICIAL COLLEGE TRANSCRIPT(S) and the COMPLETED APPLICATION VIA CERTIFIED MAIL TO:**

**Global Physics Solutions  
Educational Services  
100 E. Wayne St. Suite 140  
South Bend IN 46601**



Global Physics Solutions

**Applicant Letter of Recommendations:**

- 1. Please ask three professors, teachers, or supervisors to fill out the enclosed reference forms on your behalf. Be sure to write your name on the reference forms.**
- 2. Mail or give each person the included forms with a stamped envelope and have them complete and send directly to:**

**Brent D. Murphy / Becky Fletcher  
Global Physics Solutions  
100 E. Wayne St. Suite 140  
South Bend, IN 46601**

- 3. Your application will not be considered complete until all three references are received.**

**Please list the names and addresses of your references below:**

| NAME | CONTACT NUMBER/<br>EMAIL ADDRESS | AFFILIATION |
|------|----------------------------------|-------------|
|      |                                  |             |
|      |                                  |             |
|      |                                  |             |

**Personal Interest Essay:**

On a separate document, please provide an essay outlining the following:

- 1. Why you have chosen this particular field, experience in the health field, research, leadership roles and community service. Feel free to include any other life experiences that have led you to the present.**

2. List the types of equipment you have worked with (i.e. accelerators, simulators, treatment planning systems).
3. What are your expectations?
4. What was the deciding factor of why you choose this program?



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**Remote Dosimetry School  
Student Acknowledgement**

I, \_\_\_\_\_, certify the facts given in my resume and application for the program are true and correct. I understand that withholding information or making false misleading statements, omissions, or failure to answer any requested item on the application or on any document used to apply for the program shall be grounds for rejection of this application, regardless of when such information is discovered. I authorize the Affiliating Training Agency to secure background information on my work record, education, and other matters related to my suitability for acceptance into the program.

I authorize my references and background sources to disclose information about me to the Affiliating Training Agency, without giving me prior notice of such disclosure. I hereby release the Affiliating Training Agency, my former employers, and all other sources from all claims, demands, or liabilities arising out of or in any way related to securing such information or disclosures.

I understand that nothing contained in the application, or information conveyed during any interview is intended to create an employment contract between the Affiliating Training Agency and me.

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Signature

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Date



### Remote Dosimetry School Applicant Recommendation

**Student Applicant’s Name:** \_\_\_\_\_

The above student has applied for admissions into the GPS Remote Dosimetry School. We are seeking information that will help us in choosing professional and capable students. This program is vigorous and the student should be able to complete the academic as well didactic work in an efficient manner. Please fill out the recommendation based on your experiences with the named individual. We appreciate the time and effort in completing this form.

**\*Please feel free to attach a written letter or recommendation.**

**How long have you known the applicant?** \_\_\_\_\_

**What is your affiliation to the applicant?** \_\_\_\_\_

**Please list some descriptive characteristics that highlight this applicant’s abilities.**

\_\_\_\_\_

Please rate the applicant in the following categories, using a scale of 1 to 5 with five being excellent and one being poor. If you have no basis for evaluation in any category, please check “N/A”.

| Characteristics                    | Excellent<br>5 | Very Good<br>4 | Good<br>3 | Satisfactory<br>2 | Poor<br>1 | N/A |
|------------------------------------|----------------|----------------|-----------|-------------------|-----------|-----|
| Leadership                         |                |                |           |                   |           |     |
| Computer skills                    |                |                |           |                   |           |     |
| Ability to work with people        |                |                |           |                   |           |     |
| Problem solving ability            |                |                |           |                   |           |     |
| Mathematics                        |                |                |           |                   |           |     |
| Sense of responsibility            |                |                |           |                   |           |     |
| Ability to adapt in new situations |                |                |           |                   |           |     |
| Reliability                        |                |                |           |                   |           |     |
| Oral communication skills          |                |                |           |                   |           |     |
| Written communication skills       |                |                |           |                   |           |     |
| Ability to work independently      |                |                |           |                   |           |     |

**Recommendation:**     **Strongly Recommend**     **Recommend**     **Do Not Recommend**  
 **Recommend with Reservations**    **If with reservations, please explain: -**

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return To:**

**Global Physics Solutions  
 100 E. Wayne St. Suite 140  
 South Bend, IN 46601**

**Attn: Becky Fletcher [becky.fletcher@globalphysics.net](mailto:becky.fletcher@globalphysics.net) or fax 574-232-2405**



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| Characteristics                    | Excellent | Very Good | Good | Satisfactory | Poor | N/A |
|------------------------------------|-----------|-----------|------|--------------|------|-----|
|                                    | 5         | 4         | 3    | 2            | 1    |     |
| Leadership                         |           |           |      |              |      |     |
| Computer skills                    |           |           |      |              |      |     |
| Ability to work with people        |           |           |      |              |      |     |
| Problem solving ability            |           |           |      |              |      |     |
| Mathematics                        |           |           |      |              |      |     |
| Sense of responsibility            |           |           |      |              |      |     |
| Ability to adapt in new situations |           |           |      |              |      |     |
| Reliability                        |           |           |      |              |      |     |
| Oral communication skills          |           |           |      |              |      |     |
| Written communication skills       |           |           |      |              |      |     |
| Ability to work independently      |           |           |      |              |      |     |

**Recommendation:**         **Strongly Recommend**         **Recommend**         **Do Not Recommend**  
                                       **Recommend with Reservations**    **If with reservations, please explain: -**

\_\_\_\_\_  
 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Facility Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return To:**

**Global Physics Solutions  
 100 E. Wayne St. Suite 140  
 South Bend, IN 46601**

**Attn: Becky Fletcher [becky.fletcher@globalphysics.net](mailto:becky.fletcher@globalphysics.net) or fax 574-232-2405**



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| Characteristics                    | Excellent | Very Good | Good | Satisfactory | Poor | N/A |
|------------------------------------|-----------|-----------|------|--------------|------|-----|
|                                    | 5         | 4         | 3    | 2            | 1    |     |
| Leadership                         |           |           |      |              |      |     |
| Computer skills                    |           |           |      |              |      |     |
| Ability to work with people        |           |           |      |              |      |     |
| Problem solving ability            |           |           |      |              |      |     |
| Mathematics                        |           |           |      |              |      |     |
| Sense of responsibility            |           |           |      |              |      |     |
| Ability to adapt in new situations |           |           |      |              |      |     |
| Reliability                        |           |           |      |              |      |     |
| Oral communication skills          |           |           |      |              |      |     |
| Written communication skills       |           |           |      |              |      |     |
| Ability to work independently      |           |           |      |              |      |     |

**Recommendation:**         **Strongly Recommend**         **Recommend**         **Do Not Recommend**  
     **Recommend with Reservations**    **If with reservations, please explain: -**

\_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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