

## VERIFICATION OF RTT PRACTICE

CANDIDATE NAME: \_\_\_\_\_

To finalize a candidate's registration into the CDC program, each candidate must provide evidence of having worked 2 years of full-time work as a Radiation Therapist.

This criterion must be met prior to registering for the CDC.

This form is to be completed by the candidate's Supervisor/Manager.

**Please Print:**

Supervisor/Manager's Name:

_____	_____
Surname	First Name

Position/Title: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Mailing Address:

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

***I hereby verify that the candidate listed above has met the 2 years full time work requirement as required by the CAMRT's Certificate in Dosimetry program.***

\_\_\_\_\_  
Signature of Supervisor/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CDC Candidate

\_\_\_\_\_  
Date