MEDICAL DOSIMETRY
TREATMENT PLANNING COMPETENCY FORM

Student Name: _____

Treatment Plan for:_____

Evaluator(s): _____

Once competency is submitted for evaluation, please notify the program office.

Date of Submission	
Date Graded	
Date Reviewed with Student	
Date of Presentation	

Please mark each task as P (pass), F (fail), or NA (not applicable). Please indicate at the bottom of the page whether the competency as a whole is a Pass or Fail. **The competency is a Fail if the plan is not treatable or unacceptable for treatment or has an error that makes a significant difference in the distribution as calculated by the treatment planning computer.**

Major Tasks: Failure on any major task constitutes competency failure.	**Pass**	**Fail**	**NA**	**Comments**
Prescription				
Isocenter/calc point placement				
Tumor volume coverage				
Hot spot distribution				
Block/MLC placement/margin				
Beam angles/placement				
Structures identified/outlined				
Organs at risk dose				
Intensity modulation devices (wedges, compensators, FIF, bolus)				
Dose engine				
Heterogeneous/Homogenous setting				
Planning time (within 16 hours for 3d, 24 for IMRT)				
Record and verify (Mosaiq, Aria, etc)				
Software Use: Software errors that cause a major shift in the distribution may be competency failure; other minor errors reduce competency grade.	**Pass**	**Fail**	**NA**	**Comment**
Image transfer/fusion				
Couch				
Dose grid				

Minor Tasks: Failure on any minor task reduces competency grade	Pass	Fail	NA	Comment
Printing				
Minor contours				
Paper chart				
Hand calculations				
Electronic secondary calculations (Diamond, RadCalc, etc)				
Observe simulation				
Observe patient treatment				

Therapist initials/date

_____

_____

PASS ☐   **FAIL** ☐

Additional Comments:

Student Signature:_____

Clinical Evaluator Signature:_____