



Jefferson

Philadelphia University +
Thomas Jefferson University

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Department of Medical Imaging & Radiation Sciences

Medical Dosimetry Program

901 Walnut Street Suite 709

Philadelphia, PA 19107

To whom it may concern,

I, _____, have spent at least 8 hours shadowing in a radiation therapy/medical dosimetry department. This form will be placed in my file as part of my portfolio and shadowing requirement.

Student Signature

Date

Hospital Name _____

Printed Name of Dosimetrist _____

Contact Number _____

Dosimetrist's Signature

Date