

Last Name	First Name	Middle Initial	Previous Name(s)
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<input type="checkbox"/> BLS expires: _____	<input type="checkbox"/> ACLS expires: _____
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**SCOPE OF PRACTICE**

Please check your clinical capabilities.

**Teletherapy**

- Superficial
- Orthovoltage
- Megavoltage
- Electrons

**Conventional (2D)**

**3D CRT**

**Multileaf Collimation (MLC)**

**Electronic Portal/On Board Imaging (EPI/OBI)**

**IMRT**

**TomoTherapy**

**IGRT**

- With cone beam CT
- ExacTrac
- With MV CT (TomoTherapy)
- Respiratory Gating or Active Breathing Control

**IMAT (Intensity Modulated Arc Therapy) Linac-based**

- Dynamic Multi-leaf arc therapy (Linac/Novalis)
- RapidArc (Varian)
- VMAT therapy (Elekta)
- IMAT (Siemens)

**SBRT (Stereotactic Body Radiotherapy)**

- Hypofractionated multi-arc therapy
- Hypofractionated non-coplanar multifield therapy
- With MV CT (TomoTherapy)
- With Respiratory Gating or Active Breathing Control

**Total Body Irradiation**

**Total Skin Irradiation**

**Stereotactic Radiosurgery/Radiotherapy**

- GammaKnife
- CyberKnife
- Linac-based or Novalis system
- TomoTherapy SRS

**Information Systems (e.g. IMPAC MOSAIQ, VARIS, LANTIS, ARIA.....)**

Please specify \_\_\_\_\_

**HDR Brachytherapy**

• Sites

- Lung
- Prostate
- Breast
  - MammoSite
  - Interstitial
  - SAVI device
  - Contura device
  - Multi-lumen MammoSite
- GYN
  - Interstitial template based
  - Interstitial freehand based
  - Intracavitary with Tandem and Ovoids, Tandem and Ring, and Vaginal Cylinder
- GI
  - Esophageal
  - Hepatobiliary
  - Rectal
  - Anal
- Skin
- Head and Neck
- Techniques
  - Intracavitary
  - Interstitial
  - Intravenous

**LDR Brachytherapy**

- Prostate Seed Implant
- GYN
  - Intracavitary
  - Interstitial
- Head and Neck
- Intravenous
- Eye Plaque

**Radio Isotopes**

Please Specify \_\_\_\_\_

**Proton Beam Therapy**

**Hyperbaric Oxygen**

**Hyperthermia**

Please list any limitations or comments you may have on a separate sheet.

I affirm that all information given on this page is true and accurate. Initials \_\_\_\_\_ Date \_\_\_\_\_