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| **DEPARTMENT/NETWORK NAME** |  |
| **DIRECTOR OF MEDICAL PHYSICS** |  |
| **TYPE OF APPLICATION**  | INITIAL:  | RENEWAL:  |

*Please complete this checklist to ensure that you are providing the necessary information for assessment of your department/network for ACPSEM accreditation in the Training, Education and Assessment Program (TEAP)*

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| **EVIDENCE** | **DETAILS** | **COMPLETE** |
| **1** | **DEPARTMENT ACCREDITATION SPREADSHEET** | This spreadsheet provides details of physics staffing, equipment and techniques used in the department It must also contain the same information for each network partner. | YES [ ] N/A [ ]  |
| **2** | **Letter of support from Director of Medical Physics** | This letter should outline the physical facilities available to host a registrar(s), the support provided for registrars to attend workshops, conferences and other external training opportunities and the commitment to providing a registrar(s) protected time to complete TEAP learning requirements | YES [ ] N/A [ ]  |
| **3** | **Letter of support from Director Radiation Oncology** | This letter should indicate the Radiation Oncologists support for TEAP and training registrars | YES [ ] N/A [ ]  |
| **4** | **Letter of support from Chief Radiation Therapist** | This letter should indicate the Radiation Oncologists support for TEAP and training registrars | YES [ ] N/A [ ]  |
| **5** | **Letter(s) of support from other departments providing training** | This may be departments providing clincial training support in diagnostic imaging, nuclear medicine, kV therapy, brachytherapy, etc  | YES [ ] N/A [ ]  |
| **6** | **Letter of support from local/state TEAP Preceptor/Coordinator** | This should indicate what specific training support a registrar(s) will receive from this position | YES [ ] N/A [ ]  |
| **7** | **Evidence of QA and clinical duties in the department** | This may be lists of QA tests (and frequency) and physics responsibilities/duties within the clinic that meet best-practice guidelines | YES [ ] N/A [ ]  |
| **8** | **Copy of Registrar job description** | The job description used as part of the recruitment/HR process | YES [ ] N/A [ ]  |
| **9** | **Copy of TEAP training plan** | This should be a breakdown of how TEAP will be completed in a 3-year time period in the department | YES [ ] N/A [ ]  |