

# ROMP ACCREDITATION APPLICATION CHECKLIST

DEPARTMENT/NETWORK NAME		
DIRECTOR OF MEDICAL PHYSICS		
TYPE OF APPLICATION	INITIAL: <input type="checkbox"/>	RENEWAL: <input type="checkbox"/>

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)

	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 <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> N/A <input type="checkbox"/>
3	Letter of support from Director Radiation Oncology	This letter should indicate the Radiation Oncologists support for TEAP and training registrars	YES <input type="checkbox"/> N/A <input type="checkbox"/>
4	Letter of support from Chief Radiation Therapist	This letter should indicate the Radiation Oncologists support for TEAP and training registrars	YES <input type="checkbox"/> N/A <input type="checkbox"/>
5	Letter(s) of support from other departments providing training	This may be departments providing clinical training support in diagnostic imaging, nuclear medicine, kV therapy, brachytherapy, etc	YES <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> N/A <input type="checkbox"/>
8	Copy of Registrar job description	The job description used as part of the recruitment/HR process	YES <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/> N/A <input type="checkbox"/>
10	Arrangements for protected TEAP time for registrars and supervisors	This should be a statement on how you will achieve protected training time for both registrars and supervisors.	YES <input type="checkbox"/> N/A <input type="checkbox"/>