# Radiation Oncology Competency Skills Checklist

| Provider Name | |
|---|---|

*Please indicate by a check below those privileges which commensurate with your clinical ability, training and experience, and for which you maintain current clinical competence.*

| | | | |
|---|---|---|---|
| | 3-D conformal therapy | | IGRT |
| | Radiation therapy | | IMRT |
| | Combined modality therapy | | Large field radiation techniques |
| | Computerized treatment planning | | Nutritional counseling |
| | Conventional stimulator with fluoroscopy | | Particle therapy |
| | CT/MR simulation | | Plaque therapy |
| | Orthovoltage equipment | | Radioactive implants |
| | Megavoltage equipment | | Radioimmunotherapy |
| | Fine needle aspiration/biopsy | | Radionuclide therapy, unsealed |
| | Half-body radiation | | Yttrium microspheres |
| | Hyperfractionation | | Radiosurgery |
| | Hypofractionation | | Superficial irradiation |
| | Administration of drugs/medicines related to radiation oncology/cancer support | | |
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**Provider Signature** **Date**