Proton Therapy Specialist Certificate Application Packet

2013 Application Deadlines:
Summer semester applications are due by April 28th

ITCC
1/1/2014
Ivy Tech Community College - Bloomington  
Proton Therapy Specialist Certificate

PROGRAM DESCRIPTION

The Proton Therapy Specialist Certificate program provides a post graduate educational opportunity to registered Radiation Therapists through a variety of instructional methods including online and traditional instruction, simulated practical experience as well as clinical experience. Graduates receive a Certificate of Completion. The Proton Therapy Specialist Certificate is a college based program that provides graduates with 16 undergraduate college credit hours.

MISSION AND GOALS

The mission of the Proton Therapy Specialist Certificate program is to provide the student with a comprehensive education in proton therapy. Participants will complete the program with the knowledge and skills necessary to function as a competent and compassionate proton therapy professional.

PROGRAM OBJECTIVES

Graduates of the Ivy Tech Proton Therapy Specialist Certificate are expected to meet the following objectives.

1. Demonstrate knowledge of anatomical structures of the body in radiographic and cross-sectional images.

2. Describe the concepts of basic patient care specific to radiation therapy/proton therapy with an emphasis on physical and emotional conditions.

3. Discuss the physical properties of protons and describe how they influence the principles of treatment and simulation.

4. Discuss specific pathologic conditions and describe the standard treatment and simulation regimens for each anatomical structure.

5. Demonstrate clinical competency in a variety of treatment procedures.

6. Describe and discuss quality management procedures standard in a proton therapy facility.

7. Practice radiation safety precautions specific to the delivery of proton therapy treatments.
IVY TECH COMMUNITY COLLEGE

Ivy Tech Community College - Bloomington is a comprehensive community college, offering transfer degrees, online course options, and workforce training. Please visit www.ivytech.edu/Bloomington for more information.

Ivy Tech Community College is one of the nation's largest statewide community college systems with single accreditation. It is the state's largest public post-secondary institution serving more than 120,000 students a year. While students enjoy the benefits of a large institution, with 23 campuses throughout the state and an average class size of 22, students find personal attention close to home at Ivy Tech Community College.

Ivy Tech Community College's Bloomington campus opened in 2002, and includes a six county service area: Greene, Lawrence, Martin, Monroe, Morgan and Owen counties. The Bloomington campus has an enrollment of 6,500 students. Though Bloomington has a six county service area, we serve students from nearly all Indiana counties

PROGRAM PARTNERS

- Indiana University (IU) Health Proton Therapy Center
- ProCure Treatment Centers, Inc.

CURRICULUM

The Proton Therapy Specialist Certificate is considered nontraditional program consisting of an online didactic component followed by onsite lecture and lab practicum. Clinical experience is the final component of the program. This final component may be completed at one of the program's affiliated clinics or at another proton therapy center with proper approval and permission (i.e. a current employer). Participants can elect to complete the program in approximately one semester or as many as three. Certificate-seeking students must complete all 16 credit hours.

Program Courses

- RDTH 260 Principles and Practice of Proton Therapy (8 credit hrs)
- RDTH 261 Proton Therapy Lab Practicum (5 credit hrs)
- RDTH 265 Clinical Experience (3 credit hrs)

*RDTH 260 and 261 must be completed prior to enrolling in 265.

Course Sequencing Examples

One Semester Completion
RDTH 260 (entire semester)
RDTH 261 (completed within first 8 weeks of semester)
RDTH 265 (complete in second 8 weeks of semester)
Two Semester Completion
Semester “A” RDTH 260
Semester “B” RDTH 261 & 265

Three Semester Completion
Semester “A” RDTH 260
Semester “B” RDTH 261
Semester “C” RDTH 265

*Course offerings are dependent on enrollment (each course will be offered at least once a year but may not be offered every semester).

REQUIRED TEXTS & CURRICULUM MATERIALS:


Materials Provided by Program

CT Basics: Radiation Therapy Series, American Society of Radiologic Technologists, 2011.
Journal of the ICRU, Prescribing, Recording and Reporting Proton-Beam Therapy, Volume 7, No. 2, 2007, Oxford University Press (provided by program)

NetAnatomy; accessed through Ivy Tech Virtual Library (provided by program)

OTHER SUGGESTED TEXTS:

Thomas Delaney and Hanne Kooy, Proton and Charged Particle Radiotherapy, Lippincott Williams and Wilkins Publishers, Philadelphia, 2008

ELIGIBILITY REQUIREMENTS

• Must submit a completed Ivy Tech Community College application.

• Must submit a completed Proton Therapy Specialist Program application and required documents.

• Must be a graduate of an American Registry of Radiologic Technologists (ARRT) approved radiation therapy program or its international equivalent;
• Must be a registered Radiation Therapist (ARRT or its equivalent) in good standing and submit proof of current certification

LAB & CLINICAL EQUIVALENCY

Completion of lab and clinical experience requirements may be satisfied by documented prior work experience in proton therapy (minimum of one year). Experiential credit is reviewed on a case-by-case basis and subject to approval by the Radiation Therapy Program Director. Students who submit documentation and are granted experiential credits but remain financially responsible for those credits.

PROGRAM COSTS

• Program costs vary depending on applicant’s experience level, and whether they are an Ivy Tech direct admit, or selected and referred through ProCure’s selection process.

• Ivy Tech graduates and registered radiation therapists with a minimum of one year of proton experience will be charged the current Ivy Tech credit hour rates to include any student fees.

• Below is the link for current tuition rates:
  o http://www.ivytech.edu/why-ivy-tech/

• Selected applicants with no proton experience who require all components of the program will be charged the current Ivy Tech credit hour rates as well as any student fees that apply.
  
  • Not included is the cost of a background check as well as any immunization or CPR costs.
  
  o Students are responsible for all transportation, lodging and meals.

OTHER REQUIRED RESOURCES

• Personal or Notebook Computer with the following specs;
  • 1GHz or faster CPU
  • 256 MB or more of RAM (512 MB is strongly suggested)
  • High-speed internet connection
  • Windows XP (Mac OS X and Linux/Unix OS are suitable for most, but not all, online course applications)
  • CD-ROM drive/USB port
  • Sound card and speakers/headphones may be required for some course content
  • Video card and monitor capable of displaying at least 16 bit color
• Current Web Browser (Internet Explorer or FireFox suggested)
• Able to communicate in English (or provide for translation)

ACCREDITATION

Ivy Tech Community College is accredited by the Higher Learning Commission – North Central Association of Colleges and Schools. This program is approved by the College and State of Indiana for 16 credit hours. The College intends to seek specialized accreditation for the program when available.

The program abides by all Ivy Tech Community College admission policies. If an applicant is not accepted into the program and wishes to remain in consideration, he/she may request to be placed on the program waiting list. Admission to the program will be in order of the request.

CONTACT INFORMATION

Karlee Wyatt, MS, R.T. (R)(T), CMD
Ivy Tech Community College
200 Daniels Way
Bloomington, IN 47404
Email: kwyatt13@ivytech.edu
Phone: 812-330-6288
Program Admission Requirements:

1. Completed Ivy Tech College Application
   (http://www.ivytech.edu/ApplicationAdmissionForm.pdf)
2. Completed Proton Therapy Specialist Application
3. Copy of current ARRT registration card or equivalent with certification in radiation therapy
4. Completed clinical and lab procedures

Clinical and Lab Experience Requirements

1. Complete background check and drug screen through Certified Background
   - Ivy Tech will provide necessary information for accepted students
   - Cost is approximately $111.00 (cost maybe increased for international students)
2. Submit proof of Immunizations on the attached form.
   - MMR (Measles, Mumps and Rubella)
   - PPD (TB Skin Test)
   - Varicella (Chickenpox)
   - Tetanus, Diphtheria and Pertussis (Tdap)
3. Proof of current CPR certification for healthcare providers

Enclose all required documentation and mail to the address below:

1. Completed applications for admission to Ivy Tech and Proton Specialist Program
2. Copies of current ARRT registration/certification or international equivalent in radiation therapy
3. Submit proof of immunizations
4. Copies of background check & CPR

Mail To:
Proton Therapy Specialist Certificate
Ivy Tech Community College - Bloomington
200 Daniels Way
Bloomington, IN 47404
Attn: Karlee Wyatt, CMD
PROTON THERAPY SPECIALIST PROGRAM
ADMISSION APPLICATION

Contact Information

Name: Last ______________________  First ___________________  Middle Initial ______

Street Address________________________________________   Apt. #_________

City________________________ State ________    ZIP ________

Phone (       ) _____________     Cell (       ) _________________

Email address __________________________________________

Radiation Therapy Education

Name of Program _____________________________________________________________________

School ______________________________________________________________________________

Street Address_______________________________________________________

City________________________ State ________    ZIP ________

Date of Graduation (mm/yyyy) _____________________________ Degree/Certificate __________

Date of ARRT certification (mm/yyyy) _______________________

Radiation Therapy Work Experience

Name of Employer ___________________________________________________________________

Street Address________________________________________

City________________________ State ________    ZIP ________

Dates of Employment __________________________

Name of Employer ___________________________________________________________________

Street Address________________________________________

City________________________ State ________    ZIP ________

Dates of Employment __________________________
IMMUNIZATION REQUIREMENTS

THIS SECTION TO BE COMPLETED BY A PHYSICIAN, LICENSED PHYSICIAN ASSISTANT, OR ADVANCED REGISTERED NURSE PRACTITIONER:

Required documentation includes immunity status, tuberculosis screening, physical examination and validation of student’s ability to perform essential functions of the program. Health care provider must complete and sign all 3 sections of this form. It is the student’s responsibility to ensure that the form is complete and signed in all required areas prior to submission to the program.

1. **Immunity Status:** Documentation of immunity requires either a vaccine that is up to date according to CDC recommendations or serologic evidence of immunity. **If the student declines one or more the following vaccines, a declination form must be completed and signed by the student’s health care provider.**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date of Vaccine</th>
<th>Titer Level Demonstrating Immunity</th>
<th>Date of Titer</th>
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<tbody>
<tr>
<td>Hepatitis B #1</td>
<td></td>
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<tr>
<td>Hepatitis B #2 (1 mo. following #1)</td>
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<tr>
<td>Hepatitis B #3 (5 mo. following #2)</td>
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<tr>
<td>Influenza (1 dose annually)</td>
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<tr>
<td>Measles (2 doses)</td>
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<tr>
<td>Mumps (1 dose)</td>
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<tr>
<td>Rubella (1 dose)</td>
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<tr>
<td>Varicella (1 dose)</td>
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<tr>
<td>Tdap - 1 dose</td>
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<td>Titer Below</td>
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<tr>
<td>Td Booster (every 10 years after Tdap)</td>
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</tr>
<tr>
<td>Tetanus</td>
<td>Vaccine above</td>
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<td></td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Vaccine above</td>
<td></td>
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<tr>
<td>Pertussis</td>
<td>Vaccine above</td>
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</tbody>
</table>

*Health Care Provider Signature* ________________________________ *Date_____________

2. **Tuberculosis Screening:** Tuberculin Mantoux skin testing or Quantiferon TB Gold blood test required; and chest x-ray if either result is positive.

- Tuberculin Skin (Mantoux)
  - Results:
    - Date Given: ____/____/_____ Date Read: ____/____/_____ Results: _______ mm
    - Negative □  Positive (chest x-ray required) □
  - Provider Signature: ________________________________

- Quantiferon TB Gold Blood Test (for International Students)
  - Results: Date of test: ____/____/_____  
  - Negative: □  Positive (chest x-ray required): □  Indeterminate (requires mantoux):□  
  - Provider Signature: ________________________________

- Chest X-Ray (Required if Tuberculin skin test or Quantiferon TB Gold test is positive)
  - Date of chest x-ray: ____/____/_____  Normal: □  Abnormal: □
  - Provider Signature: ________________________________
DECLINATION FOR VACCINATION

Student Name: _____________________________

I understand that there is increased risk of acquiring Hepatitis B virus (HBV), Measles, Mumps, Rubella, Tetanus, Diphtheria, Varicella (Chicken Pox), influenza, and/or Tuberculosis infection due to potential occupational exposure to blood or other infectious materials. It is recommended that I be immunized with vaccine for these illnesses. However, I decline these immunizations at this time. I understand that by declining vaccination, I accept the risks involved and I will not hold Ivy Tech Community College or ProCure Treatment Centers, Inc., classmates or the clinical facility responsible for the consequences of my decision.

I understand that certain course activities and affiliated clinical sites may refuse or prevent students the right to participate in hands-on contact with clients or patients if they are not vaccinated and/or provide documentation of immunization for the above mentioned communicable diseases. Depending on specific clinical affiliating agency requirements, declining immunization may prevent the student from participating in clinical coursework and may require withdrawal from the program.

I understand that the purpose of providing in-class hands-on laboratory activities and clinical experiences is to assist students in the understanding and application of course content, ultimately providing a sufficient foundation to prepare the student for degree completion and subsequent certification or licensing examination. Ivy Tech and its partners cannot guarantee that a student who has not participated fully in these hands-on activities will be fully prepared to do the same. Ivy Tech and its partners cannot guarantee that any student will pass a certification or licensing exam, or become employed in the field.

I have discussed the implications of this decision with my healthcare provider as indicated by the signature on this form.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Purpose for Declination</th>
<th>Expected Duration of Medical Contraindication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Personal Preference</td>
<td></td>
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<tr>
<td></td>
<td>Medical Contraindication</td>
<td></td>
</tr>
</tbody>
</table>

Health Care Provider Signature _____________________________ Date _______________

Student Signature _________________________________________