



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Radiation Therapy Program

Technical Standards Self-Assessment Declaration

I, _____, Student ID Number _____ as a student of the Radiation Therapy Program, acknowledge that I have reviewed the Technical Standards Policy, Technical Standards Procedures and the Technical Standards Self-Assessment and Details documents.

I understand that at any point throughout the Radiation Therapy Program it is my responsibility to revisit and self-identify any potential challenges or concerns which may impact my success or full participation in all aspects of this program.

Name	
Signature	Date

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of managing the disclosure of police information check information process. Direct any questions about this collection to: Radiation Therapy Program, 3-12 University Terrace, 8303 – 112 Street, Edmonton, AB T6G 2T4, Phone: (780)492-6918, E-mail: radth@ualberta.ca