IMAGING SKILLS CHECKLIST

Name:_____ Date:_____

Discipline (Please check the appropriate discipline(s):

_____ X-Ray _____ Mammo _____ Catscan _____ MRI

_____ NucMed _____ Rad _____ Echo _____ Ultrasound

_____ Vascular

Healthcare Settings (Please check where experienced):

_____ Hospital _____ Emergency Room _____ Bedside

_____ Clinic/Out-Patient _____ Private Practice _____ Mobile

_____ Nursing Home _____ Other _____ Invetro

_____ Neonatal _____ Pediatric _____ Adolescent _____ Adult

_____ Geriatric

Check the competency/skill(s) in which you have experience and indicate the length of time (# of months/years) for each competentcy/skill checked

COMPETENCY SKILL	# OF MONTHS OR YEARS
General Diagonostic	
Abdomen	
Bilateral Mammogram	
Bronchogram	
Barium Enema	
Barium Swallo	
Bone Survey	
Bone Age	
Brachial Arteriogram	
C-Arm Fluroscopic Chest	
Cervical Spine	
ER Exams	
ERCP	
Esophogram	

	Months or Years
Extremities	
Femoral Arteriogram Foreign Body Localization	
Gall Bladder	
GI Series	
Hypotonic Duodenography	
Hysterosalpingogram	
I.V.P.	
Lung Biopsy	
Lumbar Spine	
Mesenteric Arteriogram	
Myelogram	
Mastoids	
Needle Localization	
OR Exams	
Peripheral Dexascan	
Portable Exams/Films	
Pulmonary Arteriogram	
Skull	
Small Bowel Series	
Soft Tissue	
Specimen Radiographs	
T-Tube Cholangiogram	
Transhepatic Cholangiogram	
Thoracic Spine	
Therapy Placement Films	
Tomogram	
EQUIPMENT	
GE 0.5	
GE 1.0	
GE 1.5	
Hitachi 0.5	
Hitachi 1.0	
Hitachi 1.5	
Phillips 0.5	
Phillips 1.0	
Phillips 1.5	
Picker 0.5	
Picker 1.0	
Picker 1.5	
Siemens 0.5	
Siemens 1.0	
Siemens 1.5	
Toshiba 0.5	

	Months or Years
Toshiba 1.0	
Toshiba 1.5	
Fax-Digital	
Portable	
NUCLEAR MEDICINE	
Bone Scan	
Brain Scan	
Cerebral Blood Flow	
Gallium Scan	
GI Bleed Series	
1-23 uptake	
Liver Scan	
Lung Scan	
MUSA Scan	
Radionuclide Arteriogram	
Radionuclide Venogram	
Renal Scan	
SPECT Scanning	
Thallium Stress Test	
Thyroid Scan	
Thyroid Therapy	
Hepatobilliary Study	
Indium-111 Leukocyte Study	
Octreo Scan	
Lymphoscintigraphy for Breast CA	
Parathyroid Study	
Voiding Cystogram	
CAT SCAN	
Abdomen	
Brain with Contrast	
Brain w/o Contrast	
Biopsy Procedures	
Cervical Spine	
Chest	
IAC	
Larynx	
Liver	
Lumbar Spine	
MR Angiogram	
Orbits	
Pelvis	
Pancreas	
Neck	

	Months or Years
Renal Cyst Puncture	
Sinuses/Facial	
TM Joints	
3-D Imaging and Reconstruction	
Voiding Cystogram	
Pediatric Exams	
MRI	
T-1 Weighted Images	
Surface Coils	
Partial Saturation Images	
T-2 Weighted Images	
Gradient Echo Imaging	
Multiplanar Reconstruction	
Spin-Echo Images	
MR Angiography	
ULTRASOUND	
Aorta	
Biliary Tree	
Biopsy Puncture	
Breast	
Carotid	
Cyst Aspiration	
Doppler Series	
Gall Bladder	
Heart	
Liver	
Neonatal Head	
OB/GYN	
OPG Eye	
Pancreas	
Pelvic	
Popliteal	
Renal	
Thyroid	
Transrectal Procedure	
Transvaginal Procedures	
UGI	
Small Bowel	
Small Parts	
Venogram	
RADIATION	
Cobalt Therapy	
Dosimetry	

	Months or Years
Hypothermia treatment	
Linear accelerator w/electrons	
Linear accelerators	
Ortho voltage radiation	
Strontium 90 treatment	
Superficial Radiation	
Treatment Planning	
OTHER	
Other:	
Other:	
Other:	
Other:	

Signature:_____