



## RADIOLOGY SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

**Instructions:** Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

#### Self-Assessed Experience Rating Scale

1 = No Experience    2 = Minimal Experience    3 = Performs well/competent    4 = Supervise & Teach

Skills:	1	2	3	4
<b>General Diagnostic</b>				
Abdomen				
Abdominal Arteriogram				
Air-Contrast Barium Enema				
Angioplasty				
Arch Arteriogram				
Barium Enema				
Barium Swallow/ Small Bowel Series				
Bone Density				
Brachial Arteriogram				
Bronchogram				
C-arm Fluoroscope				
Carotid Arteriogram				
Cervical Spine				
Chest Series				
ER Exams				
ERCP				
Esophagram				
Extremities				
Facial Series				
Femoral Arteriogram				
Foreign Body Localization				

Skills Continued:	1	2	3	4
Gall Bladder				
GI Series				
Hip Series				
Hypnotic Duodenography				
Hysterosalpingogram				
IVP				
KUB				
Lumbar Spine				
Lung Biopsy				
Mammogram				
Mastoids				
Mesenteric Arteriogram				
Myelogram				
Pediatric Exams				
Peripheral DEX Ascan				
Portables				
Pulmonary Arteriogram				
Renal Arteriogram				
Renal Cyst Puncture				
Salpingogram				
Skull Series				
Small Bowel Series				
Surgery Experience – C arm				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Thoracic Spine				
Tomogram				
Transhepatic Cholangiogram				
T-Tube Cholériforme				
Voiding Cystourethrogram				
<b>CT Scan</b>				
Abdomen				
Biopsy Procedures				
Brain with Contrast				
Brain Without Contrast				
Cervical Spine				
Chest				
Gradient Echo Imaging				
IAC				
Larynx				
Liver				
Lumbar Spine				
Orbitis				
Pancreas				
Partial Saturation Image				
Pelvis				
Spine-echo Images				
Surface Coils				
Thoracic Spine				
TM Joints				
<b>Nuclear Medicine</b>				
Bone Scan				
Brain Scan				
Cerebral Blood Flow				
Gallium Scan				
GI Bleeding Study				
I – 123 Uptake				
I – 131 Therapy				
Liver Scan				
Lung Scan				
MUGA Scan				
Radionuclide Venogram				
Renal Scan				
SPECT Scanning				
Spleen Scan				
Thallium Stress Test				
Thyroid Scan				
Thyroid Therapy				
<b>Ultrasound</b>				
Aorta				
Biliary Tree				
Breast				
Cartoid				
Cyst Aspiration				
Doppler Studies				
Gall Bladder				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Heart				
Liver				
Neonatal head				
OB/GYN				
OPG eye				
Pancreas				
Pelvic				
Popliteal				
Renal				
Thyroid				
UGI and Small Bowel				
Venogram				
<b>Radiation Therapy</b>				
Cobalt 60 Therapy				
Dosimetry				
Hyperthermia Treatment				
Linear Accelerator with Electrons				
Linear Acceleration				
Ortho Voltage Radiation Treatment				
Simulation of Treatment Sites				
Strontium 90 Therapy				
Superficial Radiation Treatment				
MRI Technologist				
Gradient echo Imaging				
Multiplanar Reconstruction				
Partial Saturation Images				
Spine-echo Images				
Surface Coils				
T – 1 Weighted Images				
T – 2 Images				
Equipment				
GE .5				
GE 1.0				
GE 1.5				
Hitachi .5				
Hitachi 1.0				
Hitachi 1.5				
Phillips .5				
Phillips 1.0				
Phillips 1.5				
Picker .5				
Picker 1.0				
Picker 1.5				
Siemens .5				
Siemens 1.0				
Siemens 1.5				
Toshiba .5				
Toshiba 1.0				
Toshiba 1.5				

<b>Age Specific Practice Criteria</b>				
Pediatric (1 – 12 yrs)				
Adolescents (12 – 18 yrs)				
Adult (19 – 65 yrs)				
Older Adult (65+ yrs)				
<b>Experience with Age Groups:</b>				
Calculate Body Weight to Verify Correct Dosing of Medication				
Assess immunization status for pediatric, and adolescent				
Set age-appropriate short term and long term goals in care planning				
Provide age-appropriate education, considering possible vision and hearing impairment for older than 65 years.				

<b>My Experience is Primary in:</b>	<b>Number of years:</b>
Practice area	
Radiology	

**Certification:**

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (i.e. 1/31/2007).

<b>Certification:</b>	<b>Expiration Date:</b>
<input type="checkbox"/> BCLS	
<input type="checkbox"/> ACLS	
<input type="checkbox"/> Computerized charting system	
<input type="checkbox"/> Medication administration system	
<input type="checkbox"/> Other:	

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (Print)

