



RADIOLOGY SKILLS CHECKLIST

Date: _____

Full Name: _____

INSTRUCTIONS

Please provide accurate answers so we can correctly match your abilities to our client job requirements. Please check the level of experience and expertise you have in each skill category, using the following scale:

#1 = Familiar with procedure but will usually or almost always require some assistance.

#2 = Competent and familiar with procedure: I can perform this procedure with excellence, usually without assistance.

#3 = Very competent: I have at least 12 months experience and can perform this procedure with excellence and without assistance.

NOTE: Leave blank any procedures which you have **no experience, training or low competence.**

SKILLS:	1	2	3
General Diagnostic:			
Abdomen			
Bilateral Mammogram			
Needle Localization			
Extremities			
Specimen Radiographs			
Therapy Placement Film			
Small Bowel Series			
Hypotonic Duodenography			
Foreign Body Localization			
Hysterosalpingogram			
Voiding Cystogram			
T-Tube Cholangiogram			
Transhepatic Cholangiogram			
C-Arm Fluoroscope			
Thoracic Spine			
Lumbar Spine			
Skull			
Chest			
I.V.P.			
Bone Survey			
Bone Age			
Hip			
Barium Enema			
Barium Swallow			
Gall Bladder			
Esophogram			
GI Series			
ER Exams			
OR Exams			
Myelogram			
Mastoids			

SKILLS:	1	2	3
Tomogram			
KUB			
ERCP			
Portable Exams			
Pediatric Exams			
Salpingogram			
Sialography			
Cervical Spine			
Bronchogram			
CT:			
Brain with Contrast			
Brain w/o Contrast			
Biopsy Procedures			
Lumbar Spine			
Cervical Spine			
TM Joints			
Pancreas			
Abdomen			
Pelvis			
IAC			
Orbits			
Liver			
Larynx			
Chest			
Renal Cyst Puncture			
Sinuses			
MRI:			
T-1 Weighted Images			
Surface Coils			
Partial Saturation Images			
T-2 Weighted Images			
Gradient Echo Imaging			

SKILLS:	1	2	3
Multiplanar Reconstruction			
Spin-Echo Images			
MR Angiography			
Type of equipment:			
GE .5			
GE 1.0			
GE 1.5			
Siemens .5			
Siemens 1.0			
Siemens 1.5			
Picker .5			
Picker 1.0			
Picker 1.5			
Phillips .5			
Phillips 1.0			
Phillips 1.5			
Hitachi .5			
Hitachi 1.0			
Hitachi 1.			
Toshiba .5			
Toshiba 1.0			
Toshiba 1.5			
Other:			
Special Procedures:			
Selective Angiography			
Carotid Arteriogram			
Brachial Arteriogram			
Arch Arteriogram			
Renal Arteriogram			
Femoral Arteriogram			
Abdominal Arteriogram			
Mesenteric Arteriogram			
Peripheral Angioplasty			
Heart Cath Lab:			
Pulmonary Arteriogram			
Atherectomy			
Balloon Pumps			
External Pacemakers			
Internal Pacemakers			
Coronary Angioplasty			
Lt&Rt Heart			
Nuclear Medicine:			
Cerebral Blood			
GI Bleeding Study			
Radionuclide Arteriogram			
Radionuclide Venogram			
I-131 Therapy			
Thallium Stress Test			
SPECT Scanning			
I-123 Uptake			

SKILLS:	1	2	3
Thyroid Therapy			
Bone Scan			
Brain Scan			
Gallium Scan			
Liver Scan			
Lung Scan			
Muga Scan			
Renal Scan			
Spleen Scan			
Thyroid Scan			
Radiation Therapy:			
Linear Accelerator			
Linear Accelerator w/Electrons			
Superficial Radiation TMT			
Ortho Voltage Radiation TMT			
Simulation of Treatment Site			
Treatment Planning			
Cobalt 60 Therapy			
Hyperthermia TMT			
Strontium 90 Therapy			
Dosimetry			
Ultrasound			
Abdominal:			
Pancreas			
Liver			
Gallbladder			
Biliary Tract			
Renals			
Aorta/Great Vessels			
Spleen			
Cyst Aspirations			
Biopsy Guidance			
Pelvic			
OB/GYN:			
Uterus/Ovaries			
Transvaginal Probe			
Fetal Measurements for Age			
Gest Sac Measurements			
Amniocentesis Guidance			
Vascular:			
Carotids			
Venous for DVT			
Venous Mapping			
Arterial Pressures & Imaging			
Color Flow			
Popliteal			
Small Parts:			
Thyroid			
Breasts			
Prostate			

SKILLS:	1	2	3
Transrectal Probe			
Scrotum			
Specials:			
Neonatal Head			
OPG Eye			
Trans Cranial Doppler			
Echocardiography:			
Real Time			
Doppler			
M-Mode			
Color Flow			
Trans-esophageal			

Additional Information	
Years of Experience:	
State License #:	
Registration #:	

Certification:

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

Full Name (Print): _____

Signature: _____
Retyped name acts as signature, if submitting form by email

Reviewed by _____; Date: _____