

RADIOLOGY SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a “√” in the column that best describes your experience level with each skill.

KEY

1. Two or more year’s consistent experience
2. One year consistent experience
3. Intermittent experience
4. No experience

| | 1 | 2 | 3 | 4 | “ | | 1 | 2 | 3 | 4 | |
|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|
| RADIOGRAPHY: | | | | | | | | | | | |
| Head/skull | | | | | | | | | | | |
| a) Orbits | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Mandible | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| c) Facial bones | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| d) Nasal bones | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Spine/Pelvis: | | | | | | | | | | | |
| a) Cervical spine | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Thoracic spine | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| c) Lumbar spine | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| d) SI Joint | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| e) Scoliosis studies | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Abdomen: | | | | | | | | | | | |
| a) Abdominal series | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Erect/Decubitus film | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Thorax: | | | | | | | | | | | |
| a) PA/Lat. Chest | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Decubitus chest | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| c) Ribs | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| d) Sternum | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Extremities: | | | | | | | | | | | |
| a) Small extremities | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Large extremities | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Pediatric: | | | | | | | | | | | |
| a) Head work | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Chest/abdomen | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| c) Spine | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| d) Extremities | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Equipment: | | | | | | | | | | | |
| a) R&F Rooms | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) C-arm | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| c) Portable exams | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| d) Automatic processing/darkroom | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| e) Daylight system | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| f) Panoramix | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Fluoroscopy/Special exams: | | | | | | | | | | | |
| a) GI Tract (Upper & Lower) | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| b) Swallowing functions | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| c) Hysterosalpingogram | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| d) Myelogram | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| e) IVP/Tomograms | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| g) Surgery (C-Arm/Portable) | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| MAMMOGRAPHY: | | | | | | | | | | | |
| Screening Mammograms | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Diagnostic Mammograms | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Magnification Views | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Implants | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Sterotatic Biopsy | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Digital | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Needle Localizations | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| RADIATION THERAPY: | | | | | | | | | | | |
| Linear Accelerator | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Linear Accelerator with Electrons | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Superficial treatment | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Ortho Voltage | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Hyperthermia treatment | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Cobalt 60 Therapy | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Dosimetry | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Treatment planning | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| INTERVENTIONAL/SPECIALS/CARDIO: | | | | | | | | | | | |
| Angiography/Arteriography | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Venography | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Aorteriography | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Cardiography | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Cardiac Catheterization | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Digital Angiography | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Lymphangiography | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| SONOGRAPHY/ULTRASOUND: | | | | | | | | | | | |
| General chest procedures | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| General abdominal procedures | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Paracentesis | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Thoracentesis | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Breast | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Biopsies | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Amniocentesis | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Upper extremities (Venous/arterial) | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Lower extremities (Venous/arterial) | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Female pelvis | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Male pelvis | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |
| Transvaginal | ___ | ___ | ___ | ___ | | | ___ | ___ | ___ | ___ | |

Doppler studies _____
 Color Doppler studies _____
 2D & M-Mode _____
 Stress testing _____
 Portable studies _____
 Carotids _____

CT:

Chest _____
 Brain with contrast _____
 Brain without contrast _____
 Cervical spine _____
 Thoracic spine _____
 Lumbar spine _____
 Abdomen studies _____
 PET scans _____
 3-D or Multidimensional _____
 Skull/Facial/Orbits/Sinuses _____
 Biopsy/Angio Procedures _____

MRI:

Angio _____
 Multiplanar Reconstruction _____
 Contrast studies _____
 Spin Echo Imaging _____
 Partial Saturation Imaging _____
 Surface coils _____
 T1 Weighted Imaging _____
 T2 Weighted Imagine _____
 Gradient Echo Imaging _____

NUCLEAR MEDICINE:

I-123 Uptake _____
 I-131 Therapy _____
 Bone scan _____
 Brachytherapy _____
 Brain Scan _____
 Cerebral Blood Flow _____
 Gallium Scan _____
 HIDA Scan _____
 Hot Lab _____
 Aerosol Lung Scan _____
 Indium I-111 WBC _____
 Liver scan _____
 Muga scan _____
 Presantine Thallium _____
 Radio Pharmaceutical prep _____
 Stress Holter Monitoring _____
 Thallium Stress Test _____
 Thyroid Uptake _____
 Thyroid Therapy _____
 Thyroid Scan _____
 RIA _____
 VP Lung scan _____
 Spect Scan _____
 NVG Scan _____
 NVG Rest _____
 GI Bleeding Study _____
 Radionuclide Arteriogram _____
 Renograms _____
 Renal scan _____
 Shillings _____
 Spleen Scan _____
 Testicular studies _____

AGE SPECIFIC PRACTICE:

Infant/Neonate _____
 Toddler _____
 Preschooler _____
 School age children _____
 Adolescents _____
 Young adults _____
 Middle adults _____
 Older adults _____

CERTIFICATIONS:

BCLS _____ Expiration date _____

PLEASE CHECK ALL CERTIFICATIONS THAT APPLY:

- ARRT Fluoroscopy
- CT Radiography
- Interventional Radiation therapy
- Mammography MRI
- ARDMS

YEARS OF EXPERIENCE:

Outpatient _____ years
 Small Hospital _____ years
 Large Hospital _____ years

MOST RECENT EXPERIENCE:

- Outpatient
- Small Hospital
- Large Hospital

Name

Signature

Date

