

Imaging Skills Checklist

Name: Date: Experience Since:

	Comfortable With	Done Occasionally	No Experience
A. CT SCANNING			
1. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Biopsy procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Brain with contrast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Brain without contrast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cardiac echo imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Larynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lumbar spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. MR angiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Orbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Partial saturation image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Renal cyst puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Surface coils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Thoracic spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. TM joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ULTRASOUND			
1. Aorta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Biliary tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Biopsy puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Carotid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cyst aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Doppler studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gall bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Neonatal head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. OPG eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Pancreas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pelvic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Popliteal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Renal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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19. Transrectal procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Transvaginal procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. UGI and small bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Venogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. GENERAL DIAGNOSTICS			
1. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Abdominal arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Air-contrast barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Arch arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Barium enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Barium swallow/small bowel series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bone Density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Brachial arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bronchogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. C-arm fluoroscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Carotid arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Cervical spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Chest series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. ER exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. ERCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Esophogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Facial series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Femoral arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Foreign body localization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Gall bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. GI series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Hip series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Hypotonic duodenography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Hysterosalpingogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. IVP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. KUB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Lumbar spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Lung biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Mastoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Mesenteric arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Myelogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Needle localization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. OR exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Pediatric exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Peripheral Dexascan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Portable films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Pulmonary arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Renal arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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42. Renal cyst puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Salpingogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Selective angiography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Sialography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Skull series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Small bowel series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Soft tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Specimen radiographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Thoracic spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Tomogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Transhepatic cholangiogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Voiding cystourethrogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. NUCLEAR MEDICINE			
1. Bone scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Brain scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cerebral blood flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gallium scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. GI bleed study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I-23 uptake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Liver scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lung scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. MUGA scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Radionuclide arteriogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Radionuclide venogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Renal scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPECT scanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Spleen scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Thallium stress test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Thyroid scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Thyroid therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. RADIATION			
1. Cobalt therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Dosimetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hyperthermia treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Linear accelerator with electrons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ortho voltage radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Strontium 90 therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Superficial radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. MRI			
1. Gradient echo imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Multiplanar reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Partial saturation images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spin-echo images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. T-1 weighted images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. T-2 weighted images	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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G. EQUIPMENT			
1. GE .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. GE 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. GE 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hitachi .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hitachi 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hitachi 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Phillips .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Phillips 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Phillips 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Picker .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Picker 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Picker 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Siemens .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Siemens 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Siemens 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Toshiba .5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Toshiba 1.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Toshiba 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Agency Representative Signature

Date