

Radiology Skills Checklist

First Name

Last Name

Social Security number

Date

Email

Please indicate your level of experience (0, 1, 2, or 3)

0 = Theory, no practice 1 = Limited 2 = Confident 3 = Very Confident

A. GENERAL DIAGNOSTIC

1. Abdomen	0	1	2	3
2. Abdominal arteriogram	0	1	2	3
3. Air-contrast barium enema	0	1	2	3
4. Angioplasty	0	1	2	3
5. Arch arteriogram	0	1	2	3
6. Barium enema	0	1	2	3
7. Barium swallow/small bowel series	0	1	2	3
8. Bone density	0	1	2	3
9. Brachial arteriogram	0	1	2	3
10. Bronchogram	0	1	2	3
11. C-arm fluoroscope	0	1	2	3
12. Carotid arteriogram	0	1	2	3
13. Cervical spine	0	1	2	3
14. Chest series	0	1	2	3
15. ER exams	0	1	2	3
16. ERCP	0	1	2	3
17. Esophagram	0	1	2	3
18. Extremities	0	1	2	3
19. Facial series	0	1	2	3
20. Femoral arteriogram	0	1	2	3
21. Foreign body localization	0	1	2	3
22. Gall bladder	0	1	2	3
23. GI series	0	1	2	3
24. Hip series	0	1	2	3
25. Hypotonic duodenography	0	1	2	3
26. Hysterosalpingogram	0	1	2	3
27. IVP	0	1	2	3
28. KUB	0	1	2	3
29. Lumbar spine	0	1	2	3
30. Lung biopsy	0	1	2	3
31. Mammogram	0	1	2	3

32. Mastoids	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
33. Mesenteric arteriogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
34. Myelogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
35. Pediatric exams	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
36. Peripheral DEXA scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
37. Portables	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
38. Pulmonary arteriogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
39. Renal arteriogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
40. Renal cyst puncture	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
41. Salpingogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
42. Skull series	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
43. Small bowel series	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
44. Surgery experience - C-arm	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
45. Thoracic spine	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
46. Tomogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
47. Transhepatic cholangiogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
48. T-Tube cholériforme	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
49. Voiding cystourethrogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

B. CT SCANNING

1. Abdomen	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
2. Biopsy procedures	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
3. Brain with contrast	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4. Brain without contrast	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
5. Cervical spine	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
6. Chest	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
7. Gradient echo imaging	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
8. IAC	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
9. Larynx	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
10. Liver	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
11. Lumbar spine	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
12. Orbits	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
13. Pancreas	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
14. Partial saturation image	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
15. Pelvis	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
16. Spin-echo images	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
17. Surface coils	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
18. Thoracic spine	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
19. TM joints	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

C. NUCLEAR MEDICINE

1. Bone scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
2. Brain scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
3. Cerebral blood flow	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4. Gallium scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

5. GI bleeding study	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
6. I-123 uptake	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
7. I-131 therapy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
8. Liver scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
9. Lung scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
10. MUGA scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
11. Radionuclide arteriogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
12. Radio nuclide venogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
13. Renal scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
14. SPECT scanning	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
15. Spleen scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
16. Thallium stress test	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
17. Thyroid scan	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
18. Thyroid therapy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

D. ULTRASOUND

1. Aorta	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
2. Biliary tree	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
3. Breast	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4. Carotid	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
5. Cyst aspiration	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
6. Doppler studies	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
7. Gall bladder	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
8. Heart	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
9. Liver	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
10. Neonatal head	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
11. OB/GYN	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
12. OPG eye	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
13. Pancreas	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
14. Pelvic	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
15. Popliteal	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
16. Renal	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
17. Thyroid	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
18. UGI and small bowel	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
19. Venogram	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

E. RADIATION THERAPY

1. Cobalt 60 therapy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
2. Dosimetry	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
3. Hyperthermia treatment	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4. Linear accelerator with electrons	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
5. Linear accelerator	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
6. Ortho voltage radiation treatment	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
7. Simulation of treatment sites	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
8. Strontium 90 therapy	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
9. Superficial radiation treatment	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>

10. Treatment planning 0 1 2 3

F. MRI TECHNOLOGIST

1. Gradient echo imaging 0 1 2 3
2. Multiplanar reconstruction 0 1 2 3
3. Partial saturation images 0 1 2 3
4. Spin-echo images 0 1 2 3
5. Surface coils 0 1 2 3
6. T-1 weighted images 0 1 2 3
7. T-2 weighted images 0 1 2 3

G. EQUIPMENT

1. GE .5 0 1 2 3
2. GE 1.0 0 1 2 3
3. GE 1.5 0 1 2 3
4. Hitachi .5 0 1 2 3
5. Hitachi 1.0 0 1 2 3
6. Hitachi 1.5 0 1 2 3
7. Phillips .5 0 1 2 3
8. Phillips 1.0 0 1 2 3
9. Phillips 1.5 0 1 2 3
10. Picker .5 0 1 2 3
11. Picker 1.0 0 1 2 3
12. Picker 1.5 0 1 2 3
13. Siemens .5 0 1 2 3
14. Siemens 1.0 0 1 2 3
15. Siemens 1.5 0 1 2 3
16. Toshiba .5 0 1 2 3
17. Toshiba 1.0 0 1 2 3
18. Toshiba 1.5 0 1 2 3

AGE SPECIFIC CRITERIA

Please check the box corresponding to each age group for which you have expertise in providing age-appropriate nursing care.

- Pediatric (1-12years)
- Adolescents (12 - 18 years)
- Adult (19-65 years)
- Older Adult (Older than 65years)

EXPERIENCE WITH AGE GROUPS

- | | | | | | | | | |
|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1. Calculate body weight to verify correct dosing of medication | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 2. Assess immunization status for pediatric, and adolescent | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 3. Set age-appropriate short-term and long-term goals in care planning | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |
| 4. Provide age-appropriate education, considering possible vision and hearing impairment for Older than 65years. | 0 | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |

My experience is primarily in: (Please indicate number of years.)

- Practice area _____ year(s)
- Radiology _____ year(s)

Certification: (mo/day/yr)

- BCLS Completion Date: _____
- ACLS Completion Date: _____
- Other (type): _____ Completion Date: _____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize Professional Nursing, Inc. to release this Radiology Skills Checklist to Client facilities of Professional Nursing, Inc. in consideration of my assignment to work at those facilities.

Signature

Date