

SKILLS CATAGORIES

SELF RATING

Fluoroscopy

	1	2	3	4
Upper GI Series (Single and/or Double Contrast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barium Enema (Single and/or Double Contrast)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Bowel Series.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cystography/Cystourethrography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ERCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myelography.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthrography.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Surgical Procedures

	1	2	3	4
Spine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinal Stimulators.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Mngmnt.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholangiograms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Seed Implants.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ORIF Extrem.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacemaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi Ports.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urology.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulders/Clavicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bronchoscopy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ERCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Portable Studies

	1	2	3	4
Chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthopedic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Pediatrics

	1	2	3	4
Routine Chest.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper Extremity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Extremity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdomen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mammography

	1	2	3	4
Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound Guided Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle Localization.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stereotactic Biopsy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnification Views.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone Densities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Q.C.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize DiagnosTemps to release this Skills Checklist to staffing clients of DiagnosTemps.
Updated Annually.

Technologist Signature/Date

Supervisor Signature/Date