

M.S.I. Health International

RADIOLOGY TECHNICIAN SKILLS CHECKLIST

The following checklist is used to assess your experience and skills. Please provide a self-assessment of your skills using the following guidelines: **(MARK WITH AN "X")**

- 1 - No experience
- 2 - Require training
- 3 - Have performed this task and able to perform without supervision
- 4 - Experienced and able to perform independently
- 5 - Able to teach and supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document to Master Staffing, Inc. and the facilities where I may be employed.

Name -

Date -

GENERAL DIAGNOSTIC					
	1	2	3	4	5
Abdomen					
Abdominal arteriogram					
Air contrast barium enema					
Barium enema					
Barium swallow					
Small bowel series					
Gallbladder					
Extremities					
Facial series					
Cervical spine					
GI Series					
Hip series					
Lumbar spine					
Mastoids					
Mammogram					
Needle localizations					
Myelogram					
Pediatric exams					
Peripheral dexascans					
Salpingogram					
Skull series					
Chest series					
Soft tissue					
Specimen radiographs					
Thoracic spines					
Trauma					
Bone density					
ARTERIOGRAMS					
Angioplasty					
Arch arteriogram					

Brachial arteriogram					
Bronchogram					
C- Arm fluoroscope					
Carotid arteriogram					
ERCP					
Esophogram					
Femoral arteriogram					
Mesenteric arteriogram					
Pulmonary arteriogram					
Renal arteriogram					
Neuro angiogram					
Selective Angiogram					
OR EXAMS					
Surgery- C Arms					
T Tube Cholangiogram					
Lung Biopsy					
Sialography					
PORTABLE EXAMS					
ER Exams					
Hypotonic duodenography					
Hysterosalpingogram					
IVP					
KUB					
Voiding cystourethrogram					
Retrogrades					
Pelvimetry					
Renal cyst puncture					
Trauma					

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