

## Radiology Tech Checklist

Date \_\_\_\_\_

Please Print \_\_\_\_\_  
Last
First
Middle Initial

Radiology		Nuclear Medicine	
MRI Tech		Ultrasound	
CT		Radiation Therapy	
CHECK BOX THAT APPLIES TO YOUR SPECIALTY			

**A-Theory, no practice**  
**B-Some Experience (Requires Assistance)**  
**C-One / Two years experience**  
**D-Very Experienced (Performs Well)**

Please indicate your level of experience by checking proper level

	A	B	C	D
<b>Radiology</b>				
Arterio grams				
a.. Femoral				
b. Brachial				
c. Renal				
d. Mesenteric				
e. Pulmonary				
f. Carotid				
g. Arch				
h. Abdominal				
Exams				
a. ER				
b. OR				
c. Portable				
d. Pediatric				
Bilateral Mammograms				
Extremities				
Needle Localization				
Abdomen				
Specimen Radiographs				
Selective Angiography				
Therapy Placement Films				
Renal Cyst Puncture				
T-Tube Cholangiogram				
Transhepatic Cholangiogram				
Voiding Cystogram				
Hypotonic Duodenography				
Small Bowel Series				
C-Arm Fluoroscope				

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Gall Bladder				
Barium Enema				
Barium Swallow				
Foreign Body Localization				
Hysterosalpingogram				
Thoracic Spine				
Lumbar Spine				
Bone Survey				
Bone Age				
Hip				
Skull				
Chest				
I.V.P.				
Sialogram				
Sialography				
Bronchogram				
Cervical Spine				
Esophogram				
Angioplasty				
Mastoids				
Tomograms				
Lung Biopsy				
GI Series				
ERCP				
Myelograms				
<b>MRI Technologists</b>				
T-1 Weighted Images				
Surface Coils				
Partial Saturation Images				
T-2 Weighted Images				
Gradient Echo Images				
Multiplanar Reconstruction				
Spin-Echo Images				
<b>CT</b>				
Lumbar Spine				
Cervical Spine				
Biopsy Procedures				
Brain with Contrast				
Brain without Contrast				
TM Joints				
Pelvis				
Pancreas				
Abdomen				
IAC				
Liver				
Chest				
Larynx				
Orbits				
<b>Nuclear Medicine</b>				
Brain Scan				
Bone Scan				
Liver Scan				

	A	B	C	D
Spleen Scan				
Renal Scan				
Thyroid Scan				
Gallium Scan				
Lung Scan				
Muga Scan				
Thyroid Therapy				
1-123 Uptake				
Cerebral Blood flow				
Thallium Stress Test				
SPECT Scanning				
GI Bleeding Study				
Radionuclide Arteriogram				
Radionuclide Venogram				
<b>Radiation Therapy</b>				
Superficial Radiation Treatment				
Simulation of Treatments Sites				
Treatment Planning				
Linear Accelerator				
Linear Accelerator w/ Electrons				
Ortho Voltage Radiation Treatment				
Strontium 90 Therapy				
Dosemetry				
Cobalt 60 Therapy				
<b>List Equipment you are familiar with and additional Procedures/Protocols</b>	<b>Check Specialty</b>		<b>Years of Exp.</b>	
	<input type="checkbox"/> RT (R)		_____	
	<input type="checkbox"/> RT (T)		_____	
	<input type="checkbox"/> RT (N)		_____	
	<input type="checkbox"/> ARDMS		_____	
Circle One: Field Strength of Magnet .3 .5 1.5 2.0				

<b>Credentialing</b>	
<input type="checkbox"/>	<input type="checkbox"/> BLS
<input type="checkbox"/>	<input type="checkbox"/> Other
Other Special Skills/ Training ( Please explain):	

\*I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form.

Signature \_\_\_\_\_