



# Radiology Technologist Skills Checklist

This skills checklist is to be used by Radiology Technicians with two or more years of nursing experience in their specialty. It will be utilized by healthcare facilities as a determining factor in assignment approval and for skill assessment while on assignment. Please complete all sections thoroughly and accurately. This document will remain a permanent part of your HR file with Solutions Staffing until it is amended or replaced.

Date \_\_\_\_\_ Name (*print*) \_\_\_\_\_

### Key to Competency Levels

0 – No Experience 1 – Minimal experience, need review and supervision, have performed at least once 2 – Comfortable performing with resource available 3 – Competent to perform independently and safely 4 – Expert, able to act as resource to others

C.T.	0	1	2	3	4
Abdomen					
Biopsy Procedures					
Brain with Contrast					
Brain without Contrast					
Cervical Spine					
Chest					
IAC					
Larynx					
Liver					
Lumber Spine					
Orbits					
Pancreas					
Pelvis					
TM Joints					
MRI Technologist	0	1	2	3	4
Gradient Echo Imaging					
Multiplan Reconstruction					
Partial Saturation Images					
Spin-Echo Images					
Surface Coils					
T - 1 Weighted Images					
T - 2 Weighted Images					
Nuclear Medicine	0	1	2	3	4
1 - 123 Uptake					
1 - 131 Therapy					
Bone Scan					
Brain Scan					
Cerebral Blood Flow					
Gallium Scan					
GI Bleeding Study					
Liver Scan					
Lung Scan					
Muga Scan					
Radionuclide Arteriogram					

Radionuclide Verogram					
Renal Scan					
SPECT Scanning					
Spleen Scan					
Thallium Stress Test					
Thyroid Scan					
Thyroid Therapy					
<b>Radiation Therapy</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Linear Accelerator					
Linear Accelerator with Electrons					
Superficial Radiation Treatment					
Ortho Voltage Radiation Treatment					
Treatments Planning					
Cobalt 60 Therapy					
Hyperthermia Treatment					
Strontium 90 Therapy					
Dosemetry					
<b>Radiology</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Abdomen					
Abdominal Arteriogram					
Angioplasty					
Arch Arteriogram					
Barium Enema					
Barium Swallow					
Bilateral Mammograms					
Bone Age					
Bone Survey					
Brachial Arteriogram					
Brochogram					
C-Arm Fluoroscope					
Carotid Arteriogram					
Cervical Spine					
ER Exams					
ERCP					
Esophogram					
Extremities					
Femoral Arteriogram					
Foreign Body Localization					
Gall Bladder					
Hip					
Hypotonic Duodenography					
Hysterosalpingogram					
I.V.P					
Lumbar Spine					
Lung Biopsy					
Mastoids					
Mesenteric Arteriogram					
Needle Localization					
OR Exams					
Pediatric Exams					
Portable Exams					

Pulmonary Arteriogram					
Renal Arteriogram					
Renal Cyst Puncture					
Salpingogram					
Selective Angiography					
Sialography					
Skull					
Small Bowel Series					
Specimen Radiographs					
Therapy Placement Films					
Thoracic Spin					
Tomograms					
Transhepatic Chocangiogram					
T - Tube Cholangiogram					
Voiding Cystogram					
<b>Ultrasound</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Aorta					
Biliary Tree					
Biopsy Puncture					
Breast					
Carotid					
Doppler Studies					
Gall Bladder					
Heart					
Liver					
Neonatal Head					
OB / GYN					
OPG Eye					
Pancreas					
Pelvic					
Popliteal					
Renal					
Small Parts					
Tansvaginal Procedures					
Thyroid					
Transrectal Procedures					
UGI and Small Bowel					
Venogram					

**Please read and agree to the statements below by marking the checkbox.**

\* 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. I hereby authorize the Company to release this Radiology Technologist Checklist to the Client facilities in relation to consideration of employment as a Traveler with those facilities as indicated by my signature below

Signature : \_\_\_\_\_ Date: \_\_\_\_\_