



DIAGNOSTEMPS

Radiology Staffing

Radiation Therapy/ Dosimetry Skills Inventory

Technologist _____ Date _____

PLEASE USE THE FOLLOWING KEY WHEN SELF-RATING YOUR LEVEL OF EXPERIENCE IN EACH OF THE SKILLS LISTED BELOW:

1 *No Experience*

2 *Minimal* - Some experience, works with supervision

3 *Experienced* - Works without supervision in most cases

4 *Highly Skilled* - Perform well without assistance

SKILLS CATAGORIES

SELF RATING

Pretreatment

	1	2	3	4
Fluoro/Plain X-Ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT/iCT.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simulation of Treatment Sites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tumor Localization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Treatment

	1	2	3	4
External Beam Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linear Accelerator.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gamma Knife/Cobalt 60 Knife.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stereotactic Radiosurgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stererotactic Radiotherapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3D Conformal Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomo Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IRMT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MLC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DMLC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MIMIC.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dynamic Wedge Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Superficial Treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electron Arc Therapy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strontium 90 Treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic Portal Imaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compensation Filters.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Custom Shields.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wedges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Block Cutting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Custom Molds.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portal Cast.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BAT B-Mode Acquisition Targeting.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design Treatment Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculate Prescribed Radiation Dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Internal Treatment

	1	2	3	4
Hyperthermia Treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microwave Treatment.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality Control

	1	2	3	4
Patient Treatment Records.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chart Check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipment Checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dosimetry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computerized Charting.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Age

	1	2	3	4
Neonatal (Birth to 6 weeks).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infant (6 weeks to 3 years).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children (4-11 years).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent (12-18 years).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults (19-64 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly (65+ years).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List Equipment Used

Certifications / Licensures

Expiration Date

ARRT (R)	_____
ARRT (T)	_____
ACLS	_____
BLS	_____

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