DIAGNOSTEMPS
Radiology Staffing

Ultrasound & Vascular 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			
General	1	2	3	4
Appendix	○	○	○	○
Liver, Pancreas.	○	○	○	○
Gallbladder	○	○	○	○
Kidney, Spleen, Adrenal	○	○	○	○
Thoracentesis	○	○	○	○
Paracentesis	○	○	○	○
Eye	○	○	○	○
Breasts	○	○	○	○
OB/GYN	1	2	3	4
Level I	○	○	○	○
Level II (High Risk)	○	○	○	○
Fingers, Toes	○	○	○	○
Bone Lengths	○	○	○	○
Amniocentesis	○	○	○	○
Diaphragm, Bladder	○	○	○	○
Cerebellum, Ventricles	○	○	○	○
Atria, Nuchal Fold	○	○	○	○
Stomach, Heart, Kidneys	○	○	○	○
Inter/Intraorbital Measurements	○	○	○	○
Atria & Cisterna Magnum	○	○	○	○
BPD, HC, AC, FI	○	○	○	○
AFDI & BOO	○	○	○	○
Female Pelvis	1	2	3	4
Uterus	○	○	○	○
Ovaries	○	○	○	○
Adnexa	○	○	○	○
Vaginal	○	○	○	○
Transvaginal	○	○	○	○
Male Pelvis	1	2	3	4
Prostate - Trans Abdominal	○	○	○	○
Prostate - Transrectal	○	○	○	○
Bladder	○	○	○	○
Small Parts	1	2	3	4
Thyroid	○	○	○	○
Testicle	○	○	○	○
Biopsies	○	○	○	○

Vascular	1	2	3	4
Lower Extremity Venous	○	○	○	○
Lower Extremity Arterial	○	○	○	○
Upper Extremity Venous	○	○	○	○
Upper Extremity Arterial	○	○	○	○
Carotids	○	○	○	○
Abdominal Aorta	○	○	○	○
IVC	○	○	○	○
SMA, Celiac, Renals	○	○	○	○
Hepatic, Splenic	○	○	○	○
Resistive Index	○	○	○	○
Pulsatility Index	○	○	○	○
Color Doppler	○	○	○	○
Raynaud's Testing	○	○	○	○
IPG Arms, Legs	○	○	○	○
Vertebral Artery	○	○	○	○
Subclavian Artery	○	○	○	○

List Equipment Used

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Certifications / Licensures	Expiration Date
ARDMS	_____
RVT	_____
RVS	_____
BLS	_____
ARRT	_____

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