



DIAGNOSTEMPS

Radiology Staffing

X-Ray/ Mammography 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

X-Ray	1	2	3	4
Abdominal Series	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
KUB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decubitus Films	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper Extremities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower Extremities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foreign Body Localization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterosalpingogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transhepatic Cholangiogram.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoracic Spine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Spine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumbar Spine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skull.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone Age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hip.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallbladder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgery C-Arm Cases.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mastoids.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomograms.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ERCp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portable Exams.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salpingogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial Bones.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IVP w/Tomo.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sinuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Bowel Series.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voiding Cystogram.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barium Enema.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barium Swallow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper GI.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sacrum/Coccyx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone Age Study.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma Radiography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypotonic Duodenography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Venogram.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mammography	1	2	3	4
Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound Guided Biopsy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle Localization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stereotactic Biopsy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Magnification Views.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital Certification.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Q.C.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

List Equipment Used

Certifications / Licensures

Expiration Date

ARRT (R)	_____
ARRT (M)	_____
ARRT (QC)	_____
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