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