



Radiology Skills Checklist

Name: _____

Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

- 1 = No experience; Theory/observed only
- 2 = Intermittent experience; < 5 times per year; Needs review
- 3 = Moderate experience; > 5 times per year; May need minimal resource
- 4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Head & Spine				
Mandible				
Mastoid				
IAC's				
Facial				
Nasal				
Throat				
Orbits				
Sinus / Skull				
Neck Soft Tissue				
Salivary Gland				
Laryngogram				
Sialogram				
Abdomen				
AP				
KUB				
Complete				
Cine - Esophogram				
UGI				
UGI / Small Bowel				
Barium Enema				
BE / Double Contract				
Gall Bladder				
Chole - Surgical / Post-Op				
IV Cholangiogram				
GI Tube				
IVP				
IVP / Tomos				
IVP / Retrograde				
Cystogram				
Retrograde				
Chain				
Voiding				

Skill Level	1	2	3	4
Spine & Pelvis				
C - Spine				
T - Spine				
T - L Spine				
L - Spine				
Scoliosis Study				
Pelvis As / Stereo				
SI Joints				
Myelogram				
Total Spine				
Chest				
Chest PA. / Lat				
Infant				
Pediatric				
Decubitus				
Lordotic				
Sternum				
Ribs				
Upper Extremities				
Clavicle				
Scapula				
Shoulder				
A - C Joints				
Humerus				
Elbow				
Forearm				
Wrist				
Hand				
Fingers				
Female GI Tract				
Pelvimetry				
Abdomen				
Hysterosalpingogram				

Vascular				
Angiogram				
Cardiogram				
Aorteriogram				
Thoracic				
Abdominal Catheter				
Leg Arch				
Venogram				
Lymphangiogram				
Cardiac Catheter				
Digital Angio (DSA)				
Lower Extremities				
Hip				
Total Hip				
Femur				
Knee				
Tibia				
Fibula				
Ankle				
Foot				
Heel				
Toe				
Equipment				
C - Arm				
Bedside				
Surgery				
Portable				
Franklin Head Unit				
Automatic Procedure				
Manual Dark Room				
Dental Film				

Nuclear Medicine				
CAT Scan				
Tomography				
MRI				
Mammography				
Needle Localization				
Bone Length				
Bone Age				
Fistula				
Specimen				
Pacemaker				
Portables				
CVP Lines				
Ortho				
Casting				
Trauma				
Surgery				
Ultrasound				
Transrectal Procedures				
Transvaginal Procedures				
Small Parts				

The preceding information I have checked is **true and correct**.

Signature: _____ Date: _____