



Sonography 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
General Diagnostic				
KUB				
Chest Series				
Extremities				
IVP				
Hip Series				
Barium Enema				
Air-Contrast Barium Enema				
Barium Swallow / Small Bowel Series				
Esophogram				
Trauma				
Myelogram				
Facial Series				
Skull Series				
C-Spine				
T-Spine				
L-Spine				
Mammogram				
Diagnostic				
Screening				
Stereotactic Brest Biopsies				
Specimen Radiographs				
Soft Tissue				
Surgery Experience - C-Arm				
Voiding Cystogram				
Hysterosalpingogram				
Gallbladder				
Tomogram				
Pediatric Examinations				
Peripheral Dexiscan				
Bone Density				
Portables				
UGI and Small Bowel				

Skill Level	1	2	3	4
Abdominals				
Pancreas				
Liver				
Gallbladder				
Biliary Tract				
Renal				
Aorta / Great Vessels				
Spleen				
Cyst Aspirations				
Biopsy Guidance				
Pelvic				
OB / GYN				
Uterus				
Ovaries				
Transvaginal Probe				
Fetal Measurement for Age				
Gest Sac Measurements for Age				
Amniocentesis Guidance				
Echocardiology				
Color Doppler				
Dobutamine Stress Trest				
Doppler Echocardiography				
Limited Doppler				
M-Mode Echocardiography				
Transesophageal Echocardiography				
Intra-Op T.E.				
Real Time				
Two-Dimensional Echocardiography				
EPI's				
Holters				
Neonatal				
Pediatric				
Adult				

Vascular				
Carotids				
Venuos for DVT				
Venous Mapping				
Arterial Pressures				
Arterial Imaging				
Color Flow				
Popliteal				
Upper Extremity Imaging				
Abdominal Doppler				
Aorta / Ileac Imaging				

Small Parts				
Tyhroid				
Breasts				
Prostate				
Transrectal Probe				
Scrotum				
Specials				
Neonatal Heads				
Infant Hips				
Infant Spine				
Pylorus				

The preceding information I have checked is **true and accurate** to the best of my knowledge. In additions, I hereby authorize ProMed Agency to release this skills checklist to client facilities, in relation to my employment.

Signature: _____ Date: _____