



Radiology Technologist Self Assessment

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professionals.

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Print Name

SS#

Date

General Skills	Frequency				Experience			
Patient/Family Teaching	1	2	3	4	1	2	3	4
Patients in Isolation	1	2	3	4	1	2	3	4
Patients in Restraints	1	2	3	4	1	2	3	4
Electronic Documentation	1	2	3	4	1	2	3	4

Radiology	Frequency				Experience			
Abdomen	1	2	3	4	1	2	3	4
Bilateral Mammograms	1	2	3	4	1	2	3	4
Needle Localization	1	2	3	4	1	2	3	4
Extremities	1	2	3	4	1	2	3	4
Therapy Placement Films	1	2	3	4	1	2	3	4
Small Bowel Series	1	2	3	4	1	2	3	4
Hypotonic Duodenography	1	2	3	4	1	2	3	4
Foreign Body Localization	1	2	3	4	1	2	3	4
Hysterosalpingogram	1	2	3	4	1	2	3	4
T-Tube Cholangiogram	1	2	3	4	1	2	3	4
Voiding Cystogram	1	2	3	4	1	2	3	4
Renal Cyst Puncture	1	2	3	4	1	2	3	4
Trans-hepatic Cholangiogram	1	2	3	4	1	2	3	4
C-Arm Fluoroscope	1	2	3	4	1	2	3	4
Thoracic Spine	1	2	3	4	1	2	3	4
Lumbar Spine	1	2	3	4	1	2	3	4
Skull	1	2	3	4	1	2	3	4



Initials _____

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Radiology cont'd	Frequency				Experience			
Chest	1	2	3	4	1	2	3	4
I.V.P.	1	2	3	4	1	2	3	4
Bone Survey	1	2	3	4	1	2	3	4
Bone Age	1	2	3	4	1	2	3	4
Hip	1	2	3	4	1	2	3	4
Barium Enema	1	2	3	4	1	2	3	4
Barium Swallow	1	2	3	4	1	2	3	4
Gall Bladder	1	2	3	4	1	2	3	4
Esophogram	1	2	3	4	1	2	3	4
GI Series	1	2	3	4	1	2	3	4
ER Exams	1	2	3	4	1	2	3	4
OR Exams	1	2	3	4	1	2	3	4
Myelogram	1	2	3	4	1	2	3	4
Tomograms	1	2	3	4	1	2	3	4
Lung Biopsy	1	2	3	4	1	2	3	4
ERCP	1	2	3	4	1	2	3	4
Portable Exams	1	2	3	4	1	2	3	4
Pediatric Exams	1	2	3	4	1	2	3	4
Sialography	1	2	3	4	1	2	3	4
Cervical Spine	1	2	3	4	1	2	3	4
Bronchogram	1	2	3	4	1	2	3	4
Digital/Filmless Equipment	1	2	3	4	1	2	3	4
Venograms	1	2	3	4	1	2	3	4
Arthrograms	1	2	3	4	1	2	3	4

PTD Device	Frequency				Experience			
Angiojet	1	2	3	4	1	2	3	4
Hydrolyser	1	2	3	4	1	2	3	4
Nephrostomy	1	2	3	4	1	2	3	4



Initials _____

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

CT	Frequency				Experience			
Brain with Contrast	1	2	3	4	1	2	3	4
Brain without Contrast	1	2	3	4	1	2	3	4
Biopsy Procedures	1	2	3	4	1	2	3	4
Lumbar Spine	1	2	3	4	1	2	3	4
Cervical Spine	1	2	3	4	1	2	3	4
TM Joints	1	2	3	4	1	2	3	4
Pancreas	1	2	3	4	1	2	3	4
Abdomen	1	2	3	4	1	2	3	4
Pelvis	1	2	3	4	1	2	3	4
IAC	1	2	3	4	1	2	3	4
Orbits	1	2	3	4	1	2	3	4
Liver	1	2	3	4	1	2	3	4
Larynx	1	2	3	4	1	2	3	4
Chest	1	2	3	4	1	2	3	4
RF Ablations	1	2	3	4	1	2	3	4
CTA's	1	2	3	4	1	2	3	4
3D Imaging	1	2	3	4	1	2	3	4
Radiation Therapy Planning	1	2	3	4	1	2	3	4
Trauma Patients	1	2	3	4	1	2	3	4
Pediatric Patients	1	2	3	4	1	2	3	4
Types of Scanners used:	1	2	3	4	1	2	3	4

Nuclear Medicine	Frequency				Experience			
Cerebral Blood Flow	1	2	3	4	1	2	3	4
GI Bleeding Study	1	2	3	4	1	2	3	4
Radionuclide Arteriogram	1	2	3	4	1	2	3	4
1-131 Therapy	1	2	3	4	1	2	3	4
Cardiac Stress Test	1	2	3	4	1	2	3	4
SPECT Scanning	1	2	3	4	1	2	3	4
1-123 Uptake	1	2	3	4	1	2	3	4
Thyroid Therapy	1	2	3	4	1	2	3	4
Bone Scan	1	2	3	4	1	2	3	4
Brain Scan	1	2	3	4	1	2	3	4
Gallium Scan	1	2	3	4	1	2	3	4
Liver Scan	1	2	3	4	1	2	3	4
Lung Scan	1	2	3	4	1	2	3	4
Muga Scan	1	2	3	4	1	2	3	4
Renal Scan	1	2	3	4	1	2	3	4
Spleen Scan	1	2	3	4	1	2	3	4
Thyroid Scan	1	2	3	4	1	2	3	4



Initials _____

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Nuclear Medicine cont'd	Frequency				Experience			
HepatoBiliary (HIDA) Scan	1	2	3	4	1	2	3	4
Meckel's Study	1	2	3	4	1	2	3	4
Lymphoscintigraphy	1	2	3	4	1	2	3	4
Gastric Emptying	1	2	3	4	1	2	3	4

Ultrasound	Frequency				Experience			
Transvaginal Procedures	1	2	3	4	1	2	3	4
Cyst Aspiration	1	2	3	4	1	2	3	4
Biopsy Puncture	1	2	3	4	1	2	3	4
Gall Bladder	1	2	3	4	1	2	3	4
Neonatal Head	1	2	3	4	1	2	3	4
Pancreas	1	2	3	4	1	2	3	4
OB/GYN	1	2	3	4	1	2	3	4
Small Parts	1	2	3	4	1	2	3	4
Aorta	1	2	3	4	1	2	3	4
Biliary Tree	1	2	3	4	1	2	3	4
Breast	1	2	3	4	1	2	3	4
Liver/Spleen	1	2	3	4	1	2	3	4
Pelvic	1	2	3	4	1	2	3	4
Renal	1	2	3	4	1	2	3	4
Thyroid	1	2	3	4	1	2	3	4
Testicular Extremities	1	2	3	4	1	2	3	4

Radiation Therapy	Frequency				Experience			
Linear Accelerator	1	2	3	4	1	2	3	4
Linear Accelerator with Electrons	1	2	3	4	1	2	3	4
Superficial Radiation Treatment	1	2	3	4	1	2	3	4
Ortho Voltage Radiation Treatment	1	2	3	4	1	2	3	4
Simulation of Treatment Sites	1	2	3	4	1	2	3	4
Treatment Planning	1	2	3	4	1	2	3	4
Cobalt 60 Therapy	1	2	3	4	1	2	3	4
Hyperthermia Treatment	1	2	3	4	1	2	3	4
Stontium 90 Therapy	1	2	3	4	1	2	3	4
Dosemetry	1	2	3	4	1	2	3	4



Initials _____

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

MRI Technologist	Frequency				Experience			
T-1 Weighted Images	1	2	3	4	1	2	3	4
Surface Coils	1	2	3	4	1	2	3	4
Partial Saturation Images	1	2	3	4	1	2	3	4
T-2 Weighted Images	1	2	3	4	1	2	3	4
Gradient Echo Imaging	1	2	3	4	1	2	3	4
Spin-Echo Images	1	2	3	4	1	2	3	4

Please list any additional skills:	
1.	2.
3.	4.
Additional Training:	
1.	2.
3.	4.
Additional Equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.	
Signature	Date