



ULTRASOUND TECHNOLOGIST – SKILLS & REGISTRY CHECKLIST

FAX THIS DOCUMENT TO: 704-525-6250

First Name: _____ Last Name: _____

PLEASE CIRCLE YOUR LEVEL OF EXPERIENCE

- | | | | |
|----------|-----------------------------|----------|--------------------------|
| A | Two plus years experience | C | Intermittent experience |
| B | One to two years experience | D | Theory only, no practice |

<u>Abdominal:</u>	A	B	C	D
Abdomen	—	—	—	—
Abdominal Vascular (TIPPS, Renal Artery Stenosis)	—	—	—	—
Retroperitoneal	—	—	—	—
Biopsy / Aspiration Guidance	—	—	—	—
GI / Pyloric Stenosis	—	—	—	—

<u>Small Parts:</u>				
Testicular / Scrotum	—	—	—	—
Thyroid	—	—	—	—
Breast	—	—	—	—
Musculoskeletal	—	—	—	—
Neonatal Head	—	—	—	—
Transrectal Prostate	—	—	—	—

<u>GYN / OB:</u>				
Transabdominal Pelvic	—	—	—	—
Transvaginal Pelvic	—	—	—	—
OB (1 st , 2 nd or 3 rd Trimester)	—	—	—	—
OB (High Risk / Level 2)	—	—	—	—

<u>Peripheral Vascular:</u>				
Carotid Doppler	—	—	—	—
Transcranial Doppler	—	—	—	—
Lower Extremity Arterial / Venous Duplex	—	—	—	—
PVR / Photoplethysmography	—	—	—	—
Venous Mapping	—	—	—	—
Upper Extremity Arterial / Venous Duplex	—	—	—	—
Thoracic Outlet	—	—	—	—

<u>Echocardiography:</u>				
Adult	—	—	—	—
Pediatric	—	—	—	—
Transesophageal	—	—	—	—
Stress Testing	—	—	—	—
Contrast Studies	—	—	—	—

PLEASE NOTATE CURRENT REGISTRIES HELD

- | | | |
|-------------------------------|-------------------------------|------------------------|
| <input type="checkbox"/> RDMS | <input type="checkbox"/> RDCS | ARMDS Registry # _____ |
| <input type="checkbox"/> AB | <input type="checkbox"/> AE | AART Registry # _____ |
| <input type="checkbox"/> OB | <input type="checkbox"/> PE | CCI Registry # _____ |
| <input type="checkbox"/> BR | <input type="checkbox"/> RVT | |