

### Ultrasound Sonographer Skills Assessment

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACTIVE CREDENTIALS:** \_\_\_\_\_

**TYPES OF EXAMS PERFORMED:** Please put "X" next to your level of skills and experience as an Ultrasound/Sonographer Technologist.

<b>PROFICIENT RATINGS:</b>					
(1) No Clinical Experience, (2) Observed and Assisted, (3) Limited Experience, (4) Competent, (5) Very Proficient					
	No Clinical → Proficient				
	1	2	3	4	5
<b>ABDOMINAL - PROCEDURE</b>					
AORTA					
APPENDIX/INTUSUSCEPTION					
IVC (INFERIOR VENA CAVA)					
LIVER/BILIARY TRACT					
PANCREAS/SPLEEN					
RENAL/URINARY SYSTEM					
VASCULATURE					
OTHER:					
<b>OB &amp; GYNECOLOGY - PROCEDURE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1 <sup>st</sup> TRIMESTER					
2 <sup>nd</sup> /3 <sup>rd</sup> TRIMESTER					
PLACENTA					
GESTATIONAL AGE					
AMNIOTIC FLUID					
FETAL DEMISE					
FETAL BIOPHYSICAL PROFILE					
OVARIES AND ADNEXA					
PELVIC PATHOLOGY					
POSTMENOPAUSAL PATHOLOGY					
TRANS-VAGINAL					
UTERUS and ADNEXA					
<b>INTERVENTIONAL - PROCEDURE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
JOINT / ABSCESS ASPIRATION					
BIOPSIES – FINE NEEDLE ASPIRATION					
DRAINAGE – PARACENTESIS- THORACENTESIS					
STERILE TECHNIQUE					
OTHER:					
<b>SMALL PARTS - PROCEDURE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
ABDOMINAL WALL					
BREAST					

MUSCULOSKELETAL					
SCROTUM AND TESTES					
SUPERFICIAL MASSES					
THYROID					
NON-CARDIAC/CHEST					
<b>VASCULAR - PROCEDURE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
ABDOMINAL AORTA, IVC					
ABDOMINAL DOPPLER					
CAROTID DOPPLER					
SMA, CELIAC, RENALS					
HEPATIC, SPLENIC					
ARTERIAL GRAFT DUPLEX					
ARTERIAL UPPER EXTREMITIES					
VENOUS UPPER EXTREMITIES					
ARTERIAL LOWER EXTREMITIES					
VENOUS LOWER EXTREMITIES					
VEIN MAPPING					
TREADMILL EXERCISE TESTING					
<b>POPULATION SERVED FOR TYPES OF ULTRASOUND (check all applicable and indicate level of skills)</b>					
NEONATAL					
INFANT/CHILDREN (0-11)					
ADOLESCENT (12-18)					
ADULT					
GERIATRIC					
<b>EXPERIENCE IN PRIMARY AREAS</b>				<b>YES</b>	<b>NO</b>
HOSPITAL					
CLINIC					
PHYSICIAN OFFICE					
MOBILE					
SUPERVISORY EXPERIENCE					
<b>Graduated from an Accredited Ultrasound School</b>					
<b>I have experience in the following equipment (please list).</b>					
1. PACS (PICTURE ARCHIVING & COMMUNICATION SYSTEM)					
2.					
3.					
4.					
5.					

This information I have provided in this knowledge and skills checklist is true and accurate to the best of my knowledge. I understand that I will be held accountable.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date