

CAT Scan Technologist

Name _____ Telephone _____ Who is your recruiter? _____ Date _____

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency :- 1 = Never Performances **2 = Limited Experience** **3 = Comfortable Performing** **4 = Proficient**
Frequency :- 1 = Never **2 = Sometimes** **3 = Often** **4 = Always**

General Skills	Proficiency				Frequency			
	1	2	3	4	1	2	3	4
Using sterile procedures	1	2	3	4	1	2	3	4
Preparing procedural needs	1	2	3	4	1	2	3	4
Assessing patients	1	2	3	4	1	2	3	4
Assist in maintaining inventory	1	2	3	4	1	2	3	4
Order/restock inventory supplies	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Discharge instructions	1	2	3	4	1	2	3	4
Positioning the patients	1	2	3	4	1	2	3	4
Reviewing patients chart	1	2	3	4	1	2	3	4
Recording patient data	1	2	3	4	1	2	3	4
Review exam for technical accuracy	1	2	3	4	1	2	3	4
Maintain patient confidentiality	1	2	3	4	1	2	3	4
Maintaining patients safety	1	2	3	4	1	2	3	4
Charge responsibilities	1	2	3	4	1	2	3	4
Computer charting	1	2	3	4	1	2	3	4
Physical assessment skills	1	2	3	4	1	2	3	4
Legal Aspect of documentation	1	2	3	4	1	2	3	4
Isolation techniques	1	2	3	4	1	2	3	4
Patient/Family Education	1	2	3	4	1	2	3	4
Consents	1	2	3	4	1	2	3	4
Contrast Dye	1	2	3	4	1	2	3	4
Examination								
Sinuses/Facial	1	2	3	4	1	2	3	4
Spine Protocols	1	2	3	4	1	2	3	4
Brain	1	2	3	4	1	2	3	4
VTI Study	1	2	3	4	1	2	3	4
Neck	1	2	3	4	1	2	3	4
Thorax Routine	1	2	3	4	1	2	3	4
Thorax Pulmonary Embolism	1	2	3	4	1	2	3	4

Skills Checklist

Abdomen Pelvis	1	2	3	4	1	2	3	4
Liver	1	2	3	4	1	2	3	4
Gallbladder	1	2	3	4	1	2	3	4
Pancreas	1	2	3	4	1	2	3	4
Spleen	1	2	3	4	1	2	3	4
Aorta	1	2	3	4	1	2	3	4
Kidneys	1	2	3	4	1	2	3	4
Uterus	1	2	3	4	1	2	3	4
Ovaries	1	2	3	4	1	2	3	4
CTA – Abdomen	1	2	3	4	1	2	3	4
3D Imaging + Reconstructions	1	2	3	4	1	2	3	4
Biopsy Protocols	1	2	3	4	1	2	3	4
Pediatric Protocol	1	2	3	4	1	2	3	4
Equipment & Performance								
Turn unit off and on	1	2	3	4	1	2	3	4
Set control panels	1	2	3	4	1	2	3	4
Select, Correct exposure factors	1	2	3	4	1	2	3	4
Age Group Experience								
0 - 30 Days	1	2	3	4	1	2	3	4
30 Days - 1 Year	1	2	3	4	1	2	3	4
1 - 3 Years	1	2	3	4	1	2	3	4
3 - 5 Years	1	2	3	4	1	2	3	4
5 - 12 Years	1	2	3	4	1	2	3	4
12 - 18 Years	1	2	3	4	1	2	3	4
18 - 39 Years	1	2	3	4	1	2	3	4
39 - 64 Years	1	2	3	4	1	2	3	4
64+ Years	1	2	3	4	1	2	3	4

Do you speak any languages other than English? Yes No If yes, which language(s)?

I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.