

ECHO-Vascular Technician

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 Performed
Frequency :- 1 = Never

2 = Limited Experience
2 = Sometimes

3 = Comfortable Performing
3 = Often

4 = Proficient
4 = Always

Technique	Proficiency				Frequency			
	1	2	3	4	1	2	3	4
Use of contrast agents	1	2	3	4	1	2	3	4
IV insertion	1	2	3	4	1	2	3	4
IV maintenance	1	2	3	4	1	2	3	4
Setup errors	1	2	3	4	1	2	3	4
Technical artifact	1	2	3	4	1	2	3	4
Other (list):	1	2	3	4	1	2	3	4

Echocardiography	Proficiency				Frequency			
	1	2	3	4	1	2	3	4
M-Mode	1	2	3	4	1	2	3	4
Color flow	1	2	3	4	1	2	3	4
Real time	1	2	3	4	1	2	3	4
Stress echo	1	2	3	4	1	2	3	4
Pediatric echocardiogram	1	2	3	4	1	2	3	4
Adult echocardiogram	1	2	3	4	1	2	3	4
Doppler	1	2	3	4	1	2	3	4
Dobutamine stress echocardiogram	1	2	3	4	1	2	3	4
TEE (transesophageal esophography)	1	2	3	4	1	2	3	4
Other (list):	1	2	3	4	1	2	3	4

Vascular Procedures	Proficiency				Frequency			
M-Mode	1	2	3	4	1	2	3	4
Color flow	1	2	3	4	1	2	3	4
Real time	1	2	3	4	1	2	3	4
Duplex	1	2	3	4	1	2	3	4
Flow studies	1	2	3	4	1	2	3	4
Photoplethysmography	1	2	3	4	1	2	3	4
Strain gauge and Pneumoplethysmography	1	2	3	4	1	2	3	4
Arterial peripheral upper extremity	1	2	3	4	1	2	3	4
Arterial peripheral lower extremity	1	2	3	4	1	2	3	4
Arterial peripheral stress/ pressure testing	1	2	3	4	1	2	3	4
Carotid artery	1	2	3	4	1	2	3	4
Vertebral artery	1	2	3	4	1	2	3	4
Subclavian artery	1	2	3	4	1	2	3	4
Venous peripheral upper extremity	1	2	3	4	1	2	3	4
Venous peripheral lower extremity	1	2	3	4	1	2	3	4
Other (list):	1	2	3	4	1	2	3	4

General	Proficiency				Frequency			
Quality control of equipment	1	2	3	4	1	2	3	4
Recognition of malfunctions	1	2	3	4	1	2	3	4
Transducer selection	1	2	3	4	1	2	3	4
Image annotation	1	2	3	4	1	2	3	4
Patient variables	1	2	3	4	1	2	3	4
Criteria for diagnostic quality	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Disinfection and cleaning	1	2	3	4	1	2	3	4
Other (list):	1	2	3	4	1	2	3	4
Equipment (list):	1	2	3	4	1	2	3	4

Age Specific**Proficiency****Frequency**

Please indicate the frequency with which you provide care for each age group:

Infant (Birth to 1 year)	1	2	3	4	1	2	3	4
Toddler (1-3 years)	1	2	3	4	1	2	3	4
Pre-school (3-6 years)	1	2	3	4	1	2	3	4
School Age(6-12 years)	1	2	3	4	1	2	3	4
Adolescent(12-18 years)	1	2	3	4	1	2	3	4
Young Adult(18-30 years)	1	2	3	4	1	2	3	4
Mature Adult(30-60 years)	1	2	3	4	1	2	3	4
Elderly (>60 years)	1	2	3	4	1	2	3	4

Years Experience in Clinical Speciality :

Most recent facility worked at:

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.