



ALLIED HEALTH SPECIALTY SHEET

Radiographer / Nuclear Medicine Technologist

Please list any limitations or comments you may have on a separate sheet.

IDENTIFYING INFORMATION	Last Name	First name	Middle name	Previous Surname													
LIFE SUPPORT CERTIFICATIONS	<input type="checkbox"/> BLS Expiration date: _____ <input type="checkbox"/> ACLS Expiration date: _____ <input type="checkbox"/> Other: Expiration date: _____																
EXAMS AND REGISTRATION	<input type="checkbox"/> ARRT <input type="checkbox"/> NMTCB <input type="checkbox"/> RCIS <input type="checkbox"/> Other: _____ Registry # _____ Exp. Date _____ (mm/dd/yy) (Please include copy of registry/ID card)																
	Primary Modalities: <input type="checkbox"/> Radiologic Technology <input type="checkbox"/> Nuclear Medicine Technology <input type="checkbox"/> Radiation Therapy																
	Advanced Modalities: <input type="checkbox"/> Cardiovascular - Interventional <input type="checkbox"/> Mammography (MQSA qualified? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> CT Scan <input type="checkbox"/> MRI <input type="checkbox"/> Quality Mgmt.																
LICENSES <i>List all states in which you are or have ever been licensed beginning with your original state license</i>	Original State License	License Number	Exp. Date	State License	License Number	Exp. Date											
	State License	License Number	Exp. Date	State License	License Number	Exp. Date											
	State License	License Number	Exp. Date	State License	License Number	Exp. Date											
POPULATIONS	<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Neonatal																
CLINICAL SKILLS	<p>Please check the areas below where you have clinical experience within the past 24 months and where you are currently proficient.</p> <table style="width:100%; border:none;"> <tr> <td style="vertical-align: top; width:25%;"> General Radiology: <input type="checkbox"/> Skull <input type="checkbox"/> Facial bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Hip <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremities <input type="checkbox"/> Joints <input type="checkbox"/> Shoulder region </td> <td style="vertical-align: top; width:25%;"> Interventional / Spec Proc <input type="checkbox"/> Arteriography <input type="checkbox"/> Extremity <input type="checkbox"/> Abdominal aortography <input type="checkbox"/> Mesenteric <input type="checkbox"/> Renal <input type="checkbox"/> Selective visceral <input type="checkbox"/> Pulmonary <input type="checkbox"/> Embolization <input type="checkbox"/> Venography <input type="checkbox"/> Stenting <input type="checkbox"/> IVP <input type="checkbox"/> Cholangiograms <input type="checkbox"/> Myelogram <input type="checkbox"/> Arthrogram <input type="checkbox"/> IVC Filter </td> <td style="vertical-align: top; width:25%;"> CT Studies: <input type="checkbox"/> Head <input type="checkbox"/> Brain <input type="checkbox"/> Facial bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Orbit <input type="checkbox"/> Temporal bones / TM Joints <input type="checkbox"/> Chest <input type="checkbox"/> Neck/Larynx <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Abdomen: <input type="checkbox"/> Routine abdomen <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Renal <input type="checkbox"/> GI Tract <input type="checkbox"/> Extremities <input type="checkbox"/> IAC </td> <td style="vertical-align: top; width:25%;"> CT Angio: <input type="checkbox"/> Head / Neck <input type="checkbox"/> Perfusion studies <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Abd/Renal/Mesenteric <input type="checkbox"/> Femoral run off CT Assisted Procedures: <input type="checkbox"/> Bx <input type="checkbox"/> Drainage <input type="checkbox"/> Aspiration <input type="checkbox"/> Spinal blocks/injections </td> </tr> <tr> <td style="vertical-align: top;"> Exam Location <input type="checkbox"/> Portable <input type="checkbox"/> OR <input type="checkbox"/> Trauma/ER <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III </td> <td style="vertical-align: top;"> Interventional/Cardiology: <input type="checkbox"/> Cardiac Catheterization <input type="checkbox"/> Angioplasty <input type="checkbox"/> Artherectomy <input type="checkbox"/> Stenting <input type="checkbox"/> Thrombolysis <input type="checkbox"/> Embolization <input type="checkbox"/> Pacemakers/ICDs <input type="checkbox"/> Arteriography: <input type="checkbox"/> Common carotid <input type="checkbox"/> Subclavian/Vertebral <input type="checkbox"/> Thoracic aorta <input type="checkbox"/> Coronary </td> <td style="vertical-align: top;"> Mammography: <input type="checkbox"/> Film Screens <input type="checkbox"/> Localizations <input type="checkbox"/> Xeromammography <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Ductography <input type="checkbox"/> Sterotactic procedure </td> </tr> <tr> <td style="vertical-align: top;"> Radiology Equip <input type="checkbox"/> DR <input type="checkbox"/> CR <input type="checkbox"/> Cassette </td> <td colspan="4"></td> </tr> </table>					General Radiology: <input type="checkbox"/> Skull <input type="checkbox"/> Facial bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Hip <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremities <input type="checkbox"/> Joints <input type="checkbox"/> Shoulder region	Interventional / Spec Proc <input type="checkbox"/> Arteriography <input type="checkbox"/> Extremity <input type="checkbox"/> Abdominal aortography <input type="checkbox"/> Mesenteric <input type="checkbox"/> Renal <input type="checkbox"/> Selective visceral <input type="checkbox"/> Pulmonary <input type="checkbox"/> Embolization <input type="checkbox"/> Venography <input type="checkbox"/> Stenting <input type="checkbox"/> IVP <input type="checkbox"/> Cholangiograms <input type="checkbox"/> Myelogram <input type="checkbox"/> Arthrogram <input type="checkbox"/> IVC Filter	CT Studies: <input type="checkbox"/> Head <input type="checkbox"/> Brain <input type="checkbox"/> Facial bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Orbit <input type="checkbox"/> Temporal bones / TM Joints <input type="checkbox"/> Chest <input type="checkbox"/> Neck/Larynx <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Abdomen: <input type="checkbox"/> Routine abdomen <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Renal <input type="checkbox"/> GI Tract <input type="checkbox"/> Extremities <input type="checkbox"/> IAC	CT Angio: <input type="checkbox"/> Head / Neck <input type="checkbox"/> Perfusion studies <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Abd/Renal/Mesenteric <input type="checkbox"/> Femoral run off CT Assisted Procedures: <input type="checkbox"/> Bx <input type="checkbox"/> Drainage <input type="checkbox"/> Aspiration <input type="checkbox"/> Spinal blocks/injections	Exam Location <input type="checkbox"/> Portable <input type="checkbox"/> OR <input type="checkbox"/> Trauma/ER <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	Interventional/Cardiology: <input type="checkbox"/> Cardiac Catheterization <input type="checkbox"/> Angioplasty <input type="checkbox"/> Artherectomy <input type="checkbox"/> Stenting <input type="checkbox"/> Thrombolysis <input type="checkbox"/> Embolization <input type="checkbox"/> Pacemakers/ICDs <input type="checkbox"/> Arteriography: <input type="checkbox"/> Common carotid <input type="checkbox"/> Subclavian/Vertebral <input type="checkbox"/> Thoracic aorta <input type="checkbox"/> Coronary	Mammography: <input type="checkbox"/> Film Screens <input type="checkbox"/> Localizations <input type="checkbox"/> Xeromammography <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Ductography <input type="checkbox"/> Sterotactic procedure	Radiology Equip <input type="checkbox"/> DR <input type="checkbox"/> CR <input type="checkbox"/> Cassette				
General Radiology: <input type="checkbox"/> Skull <input type="checkbox"/> Facial bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Hip <input type="checkbox"/> Pelvis <input type="checkbox"/> Extremities <input type="checkbox"/> Joints <input type="checkbox"/> Shoulder region	Interventional / Spec Proc <input type="checkbox"/> Arteriography <input type="checkbox"/> Extremity <input type="checkbox"/> Abdominal aortography <input type="checkbox"/> Mesenteric <input type="checkbox"/> Renal <input type="checkbox"/> Selective visceral <input type="checkbox"/> Pulmonary <input type="checkbox"/> Embolization <input type="checkbox"/> Venography <input type="checkbox"/> Stenting <input type="checkbox"/> IVP <input type="checkbox"/> Cholangiograms <input type="checkbox"/> Myelogram <input type="checkbox"/> Arthrogram <input type="checkbox"/> IVC Filter	CT Studies: <input type="checkbox"/> Head <input type="checkbox"/> Brain <input type="checkbox"/> Facial bones <input type="checkbox"/> Sinuses <input type="checkbox"/> Orbit <input type="checkbox"/> Temporal bones / TM Joints <input type="checkbox"/> Chest <input type="checkbox"/> Neck/Larynx <input type="checkbox"/> Spine <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> Abdomen: <input type="checkbox"/> Routine abdomen <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Renal <input type="checkbox"/> GI Tract <input type="checkbox"/> Extremities <input type="checkbox"/> IAC	CT Angio: <input type="checkbox"/> Head / Neck <input type="checkbox"/> Perfusion studies <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Abd/Renal/Mesenteric <input type="checkbox"/> Femoral run off CT Assisted Procedures: <input type="checkbox"/> Bx <input type="checkbox"/> Drainage <input type="checkbox"/> Aspiration <input type="checkbox"/> Spinal blocks/injections														
Exam Location <input type="checkbox"/> Portable <input type="checkbox"/> OR <input type="checkbox"/> Trauma/ER <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III	Interventional/Cardiology: <input type="checkbox"/> Cardiac Catheterization <input type="checkbox"/> Angioplasty <input type="checkbox"/> Artherectomy <input type="checkbox"/> Stenting <input type="checkbox"/> Thrombolysis <input type="checkbox"/> Embolization <input type="checkbox"/> Pacemakers/ICDs <input type="checkbox"/> Arteriography: <input type="checkbox"/> Common carotid <input type="checkbox"/> Subclavian/Vertebral <input type="checkbox"/> Thoracic aorta <input type="checkbox"/> Coronary	Mammography: <input type="checkbox"/> Film Screens <input type="checkbox"/> Localizations <input type="checkbox"/> Xeromammography <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> Ductography <input type="checkbox"/> Sterotactic procedure															
Radiology Equip <input type="checkbox"/> DR <input type="checkbox"/> CR <input type="checkbox"/> Cassette																	

MRI Technologist:

- Head
- Neck
- Spine
 - Cervical
 - Thoracic
 - Lumbar
- Abdomen
- Pelvis
- Extremities
- 3-D Images
- Gradient echo imaging
- Multiplanar reconstruction
- Functional MRI
- Spectroscopy
- MRA
- Cardiac

Fluoroscopy:

- Upper GI Series
- Small Bowel Series
- Barium Enemas
- Esophagus
- C-Arm Fluoroscope
- Cystograms
- Enterolysis

Other:

- Contrast Agent Preparation
- Venipuncture
- Management of Reaction and Extravasation
- Image Display

Quality Assurance

- Equipment safety / checks
- Processors safety / checks
- MRI safety procedures
- Radiation safety

Nuclear Medicine:

- White blood scan
- Planar-static
- Planar-whole body
- SPECT scanning
- Three-phase bone scan
- Brain scan
- Thallium stress test
- Thyroid scan
- Thyroid uptake
- Therapeutic-thyroid
- Bone scan
- Lymphoscintigraphy
- Scintimammography
- PET scanning
- PET CT
- Three-phase renal scan
- Pulmonary scan (VQ)
- Aerosol lungscan
- Testicular studies
- Liver scan
- Spleen scan
- Schilling's test
- Proscint
- Osteoscan
- QC – Radiopharmaceuticals
- Gallium Scan
- Muga Scan
- GI Bleed
- Radionuclide arteriogram
- Radionuclide venogram
- DEXA Scan

Please check the type of work-related equipment you have used:

- GE Siemens Philips
 Toshiba

Other: _____

Please check the type of work-related computers/ PACS systems you have used:

- Fuji AGFA Siemens
 GE

Other: _____
