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Applicant's Name _____

Experience Level

- 1. Limited or No Experience
- 2. Experienced, But May Need Assistance
- 3. Can Work Independently
- 4. Has The Ability to Train/Instruct Others

Equipment Proficiency

Manufacturer/Model/Software	Years Experience
_____	_____
_____	_____
_____	_____

ULTRASOUND

Abdominal

- | | | | | |
|---------------------|---|---|---|---|
| 1. Pancreas | 1 | 2 | 3 | 4 |
| 2. Liver | 1 | 2 | 3 | 4 |
| 3. Gall Bladder | 1 | 2 | 3 | 4 |
| 4. Biliary Tract | 1 | 2 | 3 | 4 |
| 5. Renals | 1 | 2 | 3 | 4 |
| 6. Aorta | 1 | 2 | 3 | 4 |
| 7. Spleen | 1 | 2 | 3 | 4 |
| 8. Cyst Aspirations | 1 | 2 | 3 | 4 |
| 9. Biopsy Guidance | 1 | 2 | 3 | 4 |

OB/Gyn

- | | | | | |
|-----------------------|---|---|---|---|
| 1. OB | 1 | 2 | 3 | 4 |
| 2. Transvaginal Probe | 1 | 2 | 3 | 4 |
| 3. Amnio Guidance | 1 | 2 | 3 | 4 |
| 4. OB/BPP | 1 | 2 | 3 | 4 |
| 5. Pelvic | 1 | 2 | 3 | 4 |

Small Parts

- | | | | | |
|-------------------|---|---|---|---|
| 1. Thyroid | 1 | 2 | 3 | 4 |
| 2. Breast | 1 | 2 | 3 | 4 |
| 3. Prostate | 1 | 2 | 3 | 4 |
| 4. Testicular | 1 | 2 | 3 | 4 |
| 5. Neonatal Heads | 1 | 2 | 3 | 4 |

Vascular

- | | | | | |
|-------------------|---|---|---|---|
| 1. Carotids | 1 | 2 | 3 | 4 |
| 2. Venous (DVT) | 1 | 2 | 3 | 4 |
| 3. Venous Mapping | 1 | 2 | 3 | 4 |
| 4. Arterials | 1 | 2 | 3 | 4 |

ECHOCARDIOGRAPHY

- | | | | | |
|----------------|---|---|---|---|
| 1. Real Time | 1 | 2 | 3 | 4 |
| 2. Doppler | 1 | 2 | 3 | 4 |
| 3. M-Mode | 1 | 2 | 3 | 4 |
| 4. Color Flow | 1 | 2 | 3 | 4 |
| 5. Neonatal | 1 | 2 | 3 | 4 |
| 6. Pediatric | 1 | 2 | 3 | 4 |
| 7. Adult | 1 | 2 | 3 | 4 |
| 8. Stress | 1 | 2 | 3 | 4 |
| 9. TEE | 1 | 2 | 3 | 4 |
| 10. Dobutamine | 1 | 2 | 3 | 4 |

SPECIAL PROCEDURES

- | | | | | |
|---------------------------|---|---|---|---|
| 1. Selective Angiography | 1 | 2 | 3 | 4 |
| 2. Carotid Arteriogram | 1 | 2 | 3 | 4 |
| 3. Brachial Arteriogram | 1 | 2 | 3 | 4 |
| 4. Arch Arteriogram | 1 | 2 | 3 | 4 |
| 5. Renal Arteriogram | 1 | 2 | 3 | 4 |
| 6. Femoral Arteriogram | 1 | 2 | 3 | 4 |
| 7. Abdominal Arteriogram | 1 | 2 | 3 | 4 |
| 8. Mesenteric Arteriogram | 1 | 2 | 3 | 4 |
| 9. Peripheral Angioplasty | 1 | 2 | 3 | 4 |

CARDIAC CATH LAB

- | | | | | |
|--------------------------|---|---|---|---|
| 1. Pulmonary Arteriogram | 1 | 2 | 3 | 4 |
| 2. Atherectomy | 1 | 2 | 3 | 4 |
| 3. Balloon Pumps | 1 | 2 | 3 | 4 |
| 4. External Pacemakers | 1 | 2 | 3 | 4 |
| 5. Internal Pacemakers | 1 | 2 | 3 | 4 |
| 6. Coronary Angioplasty | 1 | 2 | 3 | 4 |

Tech Recruiter Signature

Date