



Competency/Skills Self-Appraisal: Ultrasound Tech

Name _____

Date _____

Please check the column that applies to your skill level:

3= Very Competent > 1yr Exp.

2=Some Help needed <1 yr. Exp.

1=Need Direction <6 months Exp.

0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
▪ BCLS Expires:					▪ Universal Precautions/Infection Control Procedures				
▪ ACLS Expires:					▪ Advance Directives				
▪ RVT Expires:					▪ JCAHO – National Patient Safety Guidelines				
▪ RDMS Abdomen Expires:					▪ Vital Signs				
▪ RDMS Breast Specialty Expires:					▪ Use of transfer/lift devices				
▪ RDMS Fetal Echocardiography Expires:					▪ Pain management				
▪ RDMS Neurosonography Expires:					▪ Patient/Caregiver Education				
▪ RDMS Obstetrics and Gynecology Expires:					5. GENERAL ULTRASOUND:				
▪ RDCS Adult Expires:					▪ Appendix				
▪ RDCS Pediatric Expires:					▪ Eye				
▪ RDCS Fetal Expires:					▪ Gallbladder, CBD				
▪ Other Certification (specify): _____					▪ Kidneys, spleen, adrenals				
▪ Computerized Charting System (specify) _____					▪ Liver, Pancreas				
1. AGE SPECIFIC PRACTICE CRITERIA:					▪ Thoracentesis				
▪ Newborn/Neonate (birth to 30 days)					▪ Paracentesis				
▪ Infant (30 days to 1 year)					▪ Color/Doppler of areas listed above				
▪ Toddler (1 -3 years)					▪ Intraoperative				
▪ Preschooler (3-5 years)					▪ Other (specify): _____				
▪ School Age Children (5-12 years)					6. SMALL PARTS:				
▪ Adolescent (12-18 years)					▪ Breasts				
▪ Young Adults (18-39 years)					▪ Superficial masses				
▪ Middle Adults (39-64 years)					▪ Testicles				
▪ Geriatric (64 +)					▪ Thyroid				
2. EXPERIENCE WITH AGE GROUPS:					▪ Biopsies of these areas				
▪ Able to adapt care to incorporate normal growth and development					▪ Color/Doppler of these areas				
▪ Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level					Other (specify): _____				
▪ Ensures safe environment reflecting specific needs of various age groups					7. VASCULAR TECHNOLOGY:				
3. EXPERIENCE IN SETTINGS:					▪ Abdominal aorta, IVC				
▪ Acute care hospital					▪ Area for % Stenosis				
▪ Clinic					▪ Carotids				
▪ Mobile Routes					▪ Color/Doppler				
▪ Physician's Office					▪ Diameter for % Stenosis				
4. GENERAL SKILLS:					▪ Hepatic				
▪ Charting/Documentation/Consents					▪ Splenic				
▪ Confidentiality of Information/HIPAA					▪ IPG (Arms and Legs)				
▪ Ordering Supplies					▪ Lower extremity arterials				
▪ Equipment QC and maintenance					▪ Lower extremity venous				

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SKILLS	3	2	1	0	SKILLS	3	2	1	0
7. VASCULAR TECHNOLOGY CONTINUED:					▪ Fetal heart				
▪ Penile Doppler					▪ Pedof transducers				
▪ Plethysmography for fingers, toes, TOS					▪ Portable studies				
▪ Pulsatility index					▪ Stress testing				
▪ PVR (Arms and legs)					▪ TEE				
▪ PW and/or CW for % Stenosis					▪ Other: _____				
▪ Resistive index									
▪ SMA, Celiac, Renal									
▪ TCD									
▪ Upper extremity arterials									
▪ Upper extremity venous									
8. OB GYN:									
Level I									
▪ BPD, HC, AC, FI									
▪ Atria, nuchal fold									
▪ Cerebellum, ventricles									
▪ Diaphragm, Bladder									
▪ Stomach, Heart, Kidneys									
Level II									
▪ AFI and BPP									
▪ Amniocentesis									
▪ Atria and Cisterna Magnum									
▪ Bone lengths									
▪ Fingers, toes									
▪ Inter and Intraorbital measurements									
▪ Nose and Lips									
▪ Other: _____									
9. FEMALE PELVIS:									
▪ Adnexa									
▪ Ovaries									
▪ Uterus									
▪ Vaginal									
▪ Color/Doppler of above areas									
▪ Other: _____									
10. MALE PELVIS:									
▪ Bladder									
▪ Prostate (Transabdominal)									
▪ Prostate (Transrectal)									
▪ Color/Doppler of above areas									
▪ Other: _____									
11. CARDIOLOGY:									
▪ 2D and M-Mode									
▪ Color/Doppler (PW and CW)									
▪ Exercise pharmacological									