



CT TECHNOLOGIST SKILLS EVALUATION - SELF ASSESSMENT

Level of Proficiency

Date _____

Name _____

Signature _____

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

CT TECHNOLOGIST SKILLS						A	B	C	D
Abdominal					Renal CT				
Pancreas					Renal cyst puncture				
Liver					Spin-echo images				
Pelvis					Surface coils				
Temporomandibular					Biopsy procedures				
Adrenal					Gradient Echo imaging				
Aorta					CT guided Thoracic drainage's, abdominal drainages.				
Thorax					Pediatric Head CT Scans				
Brain CT Scans Contrast Non-contrast					Pediatric thoracic and abdominal CT Scans.				
Chest					Quality improvement studies/participation.				
Orbit									
Pulmonary embolism									
Internal Auditory canal					EQUIPMENT USAGE:				
Facial Bone					General Electric				
Sinus					Hitachi				
Mastoid Scan.					Kodak Processor				
Neck Scans					Siemens				
Thoracic Scans					Phillips				
Cervical Spines					High speed Advantage				
Lumbar/Sacral Spine Scans.					Radiation badge/ PPE				
Post Myelogram scans					Hewlett Packard				
Trauma Spinal scans					Other (list):				
Upper extremity scans									
Lower extremity scans.									

Reviewed by _____ Date: _____