

### SONOGRAPHY SKILLS CHECKLIST

This self evaluation is for assessing your experience in specific clinical areas. This self evaluation will not be a determining factor in accepting your application to become an employee of Supplemental Health Care.

**1 = No Experience      2 = Limited Experience      3 = Experienced      4 = Highly Skilled**

SONOGRAPHY	1	2	3	4
<b>Abdomen / Pelvis:</b>				
Liver				
Biliary Tract / Gallbladder				
Pancreas				
GI tract				
Kidneys				
Adrenals				
Bladder				
Retroperitoneum				
Prostate				
Aorta / Great Vessels				
Inferior Vena Cava				
Vasculature				
Abdominal wall				
Scrotum & testis				
Uterus				
Ovaries				
Transvaginal probe				

SONOGRAPHY	1	2	3	4
Musculoskeletal				
Breasts				
Superficial masses				
Thyroid				
Venous				
Venipuncture				
<b>Obstetrics:</b>				
1st trimester				
2nd / 3rd trimester				
Fetal biophysical profile				
Amniocentesis				
<b>Interventional procedures:</b>				
Biopsy				
Aspiration				
Drainage procedures				
Thoracentesis				
Paracentesis				

**Age-Appropriate Care:** Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4
Newborn (birth-30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School Age (5 - 12 years)				

AGE	1	2	3	4
Adolescents (12 - 18 years)				
Young Adults (18 - 39 years)				
Middle Adults (39 - 64 years)				
Older Adults (64+ years)				

The information I have given is true and accurate to the best of my knowledge, and I hereby authorize Supplemental Health Care to release this Skills Checklist to staffing clients of Supplemental Health Care. This skills self evaluation is to be updated annually.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name & Title (please print) \_\_\_\_\_

SHC Representative Signature \_\_\_\_\_ Date \_\_\_\_\_