Supplemental Health Care℠

STAFFING SPECIALISTS

X-RAY and MAMMOGRAPHY 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

X-RAY	1	2	3	4
Extremities				
Pediatric Extremities				
Chest				
Dedicated Chest				
Abdominal Radiographs				
Pelvis				
Spine Radiographs				
Head & Neck				
Bone Surveys				
Bone Age				
Orthopedic Radiography				
Trauma Radiography				
IVU				
Fluoroscopy				
Esophagus / UGI / Small Bowel				
BE - Single / Double Contrast				
Portable Chest / Abdomens				
Portable Orthopedics				
Surgery				
C-Arm Procedures				
OR Cholangiogram				
Tomography				

X-RAY	1	2	3	4
Myelograms				
Venograms				
Cystograms				
HSG / Salpingiograms				
Equipment				
Digital Imaging				
Radiology Information Systems				
PACS Systems				
QA / QC				
Patient Care				
Vital Signs				
Venipuncture				
Oxygen Administration				
MAMMOGRAPHY	**1**	**2**	**3**	**4**
Screening Mammograms				
Diagnostic Work-Ups				
Breast Implants				
Specimen Radiographs				
Stereotactic				
Needle Localization				
QC Tests / Procedures				

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

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