



Ultrasound/Sonographer Technologist Skills Checklist

Name: _____ Date: _____

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
Abdominal				
Aorta				
Appendix/Intussusception				
GI Tract				
IVC (Inferior Vena Cava)				
Liver/Biliary Tract				
Pancreas/Spleen				
Renal/Urinary System				
Trans-Rectal				
Vasculature				
OB & Gynecology				
1 st Trimester				
2 nd /3 rd Trimester				
High Risk OB				
Placenta				
Gestational Age				
Complications				
Amniotic Fluid/Amniocentesis				
Fetal Demise				
Fetal Abnormalities				
Fetal Biophysical Profile				
UGR Protocols				
Coexisting Disorders				
Follicular Study				
Ovaries and Adnexa				
Pediatric				
Pelvic Pathology				
Postmenopausal Pathology				
Trans-Vaginal				
Uterus and Adnexa				
Nuchal Translucency				
Interventional				
Aspiration				
Biopsies				
Drainage				

Skill Level	1	2	3	4
Interventional cont.				
Intraoperative				
Laparoscopic				
Neonatal				
Congenital Abnormality				
Neonatal Head				
Neurosonology				
Enlargement/Displacement				
Cranial Hemorrhage				
Atrophic Lesions				
Spinal Lesions				
Inflammatory Lesions				
Brain Swelling/Edema				
Spinal Tethering				
Trauma				
Small Parts				
Abdominal Wall				
Breast				
Haematomas/Vessels				
Musculoskeletal				
Scrotum and Testes				
Superficial Masses				
Thyroid				
Non-Cardiac/Chest				
Vascular				
Color Doppler				
Digital Acquisition Systems				
Diameter for Percentage of Stenosis				
PW&OR CW for Percentage of Stenosis				
TCD				
PVR (Arms & Legs)				
IPG (Arms & Legs)				
Resistive Index				
Pulsatility Index				
Power Doppler				

Vascular cont.				
Segmental Pressures				
Pulse Volume Recording				
Abdominal Aorta, IVC				
Abdominal Doppler				
Carotid Doppler				
SMA, Celiac, Renal				
Hepatic, Splenic				
Arterial Graft Duplex				
Arterial Upper Extremities				
Venous Upper Extremities				
Arterial Lower Extremities				
Venous Lower Extremities				
Penile Doppler				
Plethysmography for Fingers & Toes				
Vein Mapping				
Echo				
Transthoracic				
Transesophageal (TEE)				
Holter Monitoring				
EKG				
Bubble Studies				
Adult				
Neonatal				
Pediatric				
2-D and M Mode				
Exercise Pharmacological (Dobutamine)				
Pulsed Doppler				
Color Doppler				
Treadmill Exercise Testing				
ECG				
Stress				

Experience in Primary Areas				
Hospitals				
Clinics				
Physician Office				
Mobile				
Supervisory Experience				
Age Specific Practice Criteria				
Newborn/Neonate (birth - 30 days)				
Infant (30 days - 1 year)				
Toddler (1 - 3 years)				
Preschooler (3 - 5 years)				
School age children (5 - 12 years)				
Adolescents (12 - 18 years)				
Young adults (18 - 39 years)				
Middle adults (39 - 64 years)				
Older adults (64+ years)				
EMR				
AllScripts				
ARIA				
Athena				
Canopy				
Cerner				
Eclipsys				
Epic				
McKesson				
Meditech				
Other Computerized System				
Computerized Physician Order Entry				
Bar Coding for Medication Administration				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Wellspring Nurse Source on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Signature: _____ **Date:** _____