CLOVER HEALTH SERVICES

SKILLS CHECKLIST

CT Scan Technician/Technologist Self-Assessment

Name | Telephone | Who is your recruiter? | Date

Instructions: This checklist is meant to serve as a general guideline for our client facilities as to the level of your skills within your nursing specialty. Please use the scale below to describe your experience/expertise in each area listed below.

Proficiency :- 1 = Never Performed 2 = Limited Experience 3 = Comfortable Performing 4 = Proficient
Frequency :- 1 = Never 2 = Sometimes 3 = Often 4 = Always

Age Specific:	Proficiency				Frequency			
Infant (Birth to 1 year)	○1	○2	○3	○4	○1	○2	○3	○4
Toddler (1–3 years)	○1	○2	○3	○4	○1	○2	○3	○4
Pre-school (3–6 years)	○1	○2	○3	○4	○1	○2	○3	○4
School Age (6–12 years)	○1	○2	○3	○4	○1	○2	○3	○4
Adolescent (12–18 years)	○1	○2	○3	○4	○1	○2	○3	○4
Young Adult (18–30 years)	○1	○2	○3	○4	○1	○2	○3	○4
Mature Adult (30–60 years)	○1	○2	○3	○4	○1	○2	○3	○4
Elderly (>60 years)	○1	○2	○3	○4	○1	○2	○3	○4

CT Scan Technician/Technologist

CT HEAD/FACE/SINUSES:	Proficiency				Frequency			
Head without contrast	○1	○2	○3	○4	○1	○2	○3	○4
Head with contrast	○1	○2	○3	○4	○1	○2	○3	○4
Head with/without contrast	○1	○2	○3	○4	○1	○2	○3	○4
Facial Bones	○1	○2	○3	○4	○1	○2	○3	○4
Orbits	○1	○2	○3	○4	○1	○2	○3	○4
Temporal bones/IAC's	○1	○2	○3	○4	○1	○2	○3	○4
Sinuses	○1	○2	○3	○4	○1	○2	○3	○4
Mastoids	○1	○2	○3	○4	○1	○2	○3	○4

CT NECK/CHEST:	Proficiency				Frequency			
Soft-tissue neck	○1	○2	○3	○4	○1	○2	○3	○4
Chest without contrast	○1	○2	○3	○4	○1	○2	○3	○4
Chest with contrast	○1	○2	○3	○4	○1	○2	○3	○4
Trauma Chest	○1	○2	○3	○4	○1	○2	○3	○4
High Resolution Chest	○1	○2	○3	○4	○1	○2	○3	○4
Cardiac Scoring	○1	○2	○3	○4	○1	○2	○3	○4

CT ABDOMEN/PELVIS:	Proficiency				Frequency			
Abdomen with/without contrast	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Adrenals	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Aorta (AAA)/Renal Stone	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CT KUB	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Multi-phase liver/pancreas/renals	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Abdomen/Pelvis with/without contrast	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Trauma Abdomen/Pelvis	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Pelvis	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Bony Pelvis/Hips	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

CT SPINE:	Proficiency				Frequency			
Cervical Spine	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Thoracic Spine	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Lumbar Sacral Spine	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Trauma Spine	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

CT UPPER EXTREMITIES:	Proficiency				Frequency			
Shoulder/Scapula	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Humerus	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Elbow	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Forearm	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Hand/Wrist	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

CT LOWER EXTREMITIES:	Proficiency				Frequency			
Femur	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Knee	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Lower Leg	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Foot/Ankle	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

CTA SCANS:	Proficiency				Frequency			
CTA Cranials	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CTA Carotids	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CTA Pulmonary Arteries	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CTA Mesenteric	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CTA Thoracic Aorta	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CTA Abdominal Aorta	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CTA Femorals W/ W/O runoff	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

CT PROCEDURES:	Proficiency				Frequency			
CT Guided Paracentesis	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
CT Guided Thoracentesis	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Post Myelogram Scans	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Biopsies (various body parts)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
SI Injections	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Special Procedures (artho/venograms)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Colerectal Studies(rectal contrast)	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Pediatric Scans:	Proficiency				Frequency			
Head	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Chest	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4
Abdomen/Pelvis	○ 1	○ 2	○ 3	○ 4	○ 1	○ 2	○ 3	○ 4

Work History

Years Experience in Clinical Specialty: _____

Most recent facility worked at: _____

☐ I hereby certify that ALL information I have provided to Clover Health Services, on this skills checklist and all other documentation, is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.