



CT Skills Checklist

Name: _____ Date: _____

TYPES OF EXAMS PERFORMED: Please put "X" next to the skills you are competent in the ability as an X-Ray Technologist.
1 = No Experience 2 = Some Experienced 3 = Very Experienced

PROCEDURES	1	2	3	I have experienced in the following equipment (please list).
Use of Contrast Dye				1.
Gradient Echo Imaging				2.
CT Xenon Studies				3.
3D Reconstruction				4.
3D Images				5.
3D Surface Rendering				6.
CT 3D Reconstruction				7.
CT Dynamic & Serio Scans				8.
CT Reformations				9.
Multiplaner Reconstruction				10.
Surface Coils				11.
CT Biopsy Procedures	1	2	3	12.
Cardiac Cine				13.
Cardiac Gating				14.
CT Brain w/o Contrast				15.
CT Brain w/Contrast				16.
CT Skull				17.
CT Facial				18.
CT Orbits				19.
CT TM Joints				20.
CT TMJ				
CT Larynx				
CT Cervical Spine				
CT Thoracic Spine				
CT Extremities	1	2	3	
CT Chest				
CT Pancreas				
CT Liver				
CT Gallbladder				
CT Abdomen				
CT Pelvis				
CT Hips				
CERTIFICATIONS	YES	NO	Exp	
BLS				
ACLS				
PALS				
ARRT-R				
EXPERIENCE IN				
Hospitals				
Clinics				
Nursing Homes				
Home Health				

Signature/Date