

Nuclear Medicine Technologist Skills Checklist

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

Print Name

Last 4 Digits of SS#

Date

Nuclear Medicine	Experience					
Cerebral blood flow	0	1	2	3	4	5
GI bleeding study	0	1	2	3	4	5
Radionuclide arteriogram/venogram	0	1	2	3	4	5
1-131 therapy	0	1	2	3	4	5
Cardiac stress test	0	1	2	3	4	5
SPECT scan	0	1	2	3	4	5
1-123 uptake	0	1	2	3	4	5
Thyroid therapy	0	1	2	3	4	5
Bone scan	0	1	2	3	4	5
Brain scan	0	1	2	3	4	5
Gallium scan	0	1	2	3	4	5
Liver scan	0	1	2	3	4	5
Lung scan	0	1	2	3	4	5
Muga scan	0	1	2	3	4	5
PET scan	0	1	2	3	4	5
Renal scan	0	1	2	3	4	5
Spleen scan	0	1	2	3	4	5
Thyroid scan	0	1	2	3	4	5
HepatoBiliary (HIDA) scan	0	1	2	3	4	5
Meckel's study	0	1	2	3	4	5
Lymphoscintigraphy	0	1	2	3	4	5
Gastric emptying	0	1	2	3	4	5

General Skills	Experience					
Patient/family teaching	0	1	2	3	4	5
Patients in restraints	0	1	2	3	4	5
Lifting/transfer devices	0	1	2	3	4	5
Cardiac arrest/CPR	0	1	2	3	4	5
Use of rapid response teams	0	1	2	3	4	5

NUCLEAR MEDICINE TECHNOLOGIST SKILLS CHECKLIST

Initials _____

Experience
0 Not Applicable
1 No Experience
2 Some Experience (Require Assistance)
3 Intermittent Experience (May Require Assistance)
4 Experienced (Performs without Assistance)
5 Very Experienced (Able to Teach/Supervise)

National Patient Safety Goals	Experience					
Accurate patient identification	0	1	2	3	4	5
Effective communication	0	1	2	3	4	5
Infection control	0	1	2	3	4	5
Universal precautions	0	1	2	3	4	5
Patients in isolation	0	1	2	3	4	5
Minimize risk for falls	0	1	2	3	4	5

Age Specific Competencies	Experience					
Infant (birth to 1 year)	0	1	2	3	4	5
Toddler (ages 2-3 years)	0	1	2	3	4	5
Preschooler (ages 4-5 years)	0	1	2	3	4	5
Childhood (ages 6-12 years)	0	1	2	3	4	5
Adolescents (ages 13-21 years)	0	1	2	3	4	5
Young Adults (ages 22-39 years)	0	1	2	3	4	5
Adults (ages 40-64 years)	0	1	2	3	4	5
Older Adults (ages 65-79 years)	0	1	2	3	4	5
Elderly (ages 80+ years)	0	1	2	3	4	5

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

The information on this and all preceding pages is true and correct.

Signature
Date