

MRI Tech 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
Work Settings				
Adult Acute Care				
Adult Outpatient				
Pediatric Acute Care				
Pediatric Outpatient				
Procedures				
Angio Studies				
Abdominal Aorta				
Abdomen				
Chest				
Circle of Willis				
Head without Contrast				
Lower Extremities				
Neck				
Pelvis				
Renal				
Subclavian				
Venogram Studies				
Carotid/Neck				
Renals				
Pelvis				
Upper Extremities				
Lower Extremities				
MR Studies				
Head/Neck				
Brain/Head w/wo Contrast				
Face w/wo Contrast				
Internal Auditory Canal w/wo Contrast				
Mandible w/wo Contrast				
Nasopharynx without Contrast				
Orbits w/wo Contrast				
Pituitary w/wo Contrast				
Soft Tissue Neck w/wo Contrast				
Sinuses w/wo Contrast				

Skill Level	1	2	3	4
Procedures cont.				
TMJ w/wo Contrast				
Abdomen/Pelvis				
Abdomen w/wo Contrast				
Adrenals w/wo Contrast				
Buttock w/wo Contrast				
Cholangiogram				
Pelvis w/wo Contrast				
Prostate w/wo Contrast				
Renal w/wo Contrast				
Scrotum with Contrast				
Chest				
Brachial Plexus				
Breast w/wo Contrast				
Chest w/wo Contrast				
Myocardium w/wo Contrast				
Sternum w/wo Contrast				
Spine				
Cervical Spine w/wo Contrast				
Thoracic Spine w/wo Contrast				
Lumbar Spine w/wo Contrast				
Sacrum w/wo Contrast				
Upper Extremities				
Scapula w/wo Contrast				
Shoulder w/wo Contrast				
Arthrogram Shoulder				
Elbow w/wo Contrast				
Wrist w/wo Contrast				
Hand/Finger w/wo Contrast				
Lower Extremities				
Hip w/wo Contrast				
Knee without Contrast				
Ankle w/wo Contrast				
Foot w/wo Contrast				

MRI Scan Types				
Gradient Echo Imaging				
Multiplanar Reconstruction/MRA				
Spin Echo Images				
Surface Coils				
Extremity				
Head				
Neurovascular				
Shoulder				
Spine/Phase Array				
Torso				
T-1 Weighted Images				
Equipment				
Phillips				
Siemens				
Toshiba				
Hitachi				
General Electric				
Other:				
Age Specific Experience				
Newborn/Neonate (birth to 30 days)				
Infant (1 month to 1 year)				
Toddler (1 year to 3 years)				
Preschooler (3 years to 5 years)				
School Age Child (5 years to 12 years)				
Adolescents (12 years to 18 years)				
Young Adults (18 years to 39 years)				
Middle Adults (39 to 64 years)				
Geriatric Adults (65+ years)				

EMR				
Allscripts				
Aria				
Athena				
Canopy				
Cerner				
Epic				
Eclipsys				
Mckesson				
Meditech				
Other Computerized System				

Please list any areas of expertise below:

I hereby certify that ALL information I have provided to Onyx Health Care Staffing 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: _____