



Ultrasound Skills Checklist

Name: _____
 Last First Middle

Social Security Number: -- **D O B :** / /

Please rate your experience level based on the following scale:

- 1 - No Experience/needs assistance
- 2 – Limited experience/needs some help
- 3 – Good experience/needs very little help
- 4 – Very experienced/needs no assistance

A. General Ultrasound

1. Appendix	1	2	3	4
2. Gallbladder, CBD	1	2	3	4
3. Kidneys, Spleen, Adrenals	1	2	3	4
4. Liver Pancreas	1	2	3	4
5. Paracentesis	1	2	3	4
6. Thorocentesis	1	2	3	4
7. Color /or Doppler of the areas listed above	1	2	3	4

B. Small Parts

1. Breasts	1	2	3	4
2. Superficial Masses	1	2	3	4
3. Testicles	1	2	3	4
4. Thyroids	1	2	3	4
5. Biopsies of these areas	1	2	3	4
6. Color /or Doppler of the areas listed above	1	2	3	4

C. Obstetrical Ultrasound

1. AFI and BPP	1	2	3	4
2. Amniocentesis	1	2	3	4
3. Atria and Cisterna Magnum	1	2	3	4

4. Atria, Nuchal Fold	1	2	3	4
5. Bone Lengths	1	2	3	4
6. BPD, HC, AC, FL	1	2	3	4
7. Cerebellum, Ventricles	1	2	3	4
8. Diaphragm Bladder	1	2	3	4
9. Fingers, Toes	1	2	3	4
10. Inter & Intraorbital Measurements	1	2	3	4
11. Level 1	1	2	3	4
12. Level 2	1	2	3	4
13. Nose and Lips	1	2	3	4

D. Female Pelvis

1. Adnexa	1	2	3	4
2. Ovaries	1	2	3	4
3. Uterus	1	2	3	4
4. Vaginal	1	2	3	4
5. Color /or Doppler of the areas listed above	1	2	3	4

E, Male Pelvis

1. Bladder	1	2	3	4
2. Prostate (transabdominal)	1	2	3	4
3. Prostate (transrectal)	1	2	3	4
4. Color /or Doppler of the areas listed above	1	2	3	4

F. Vascular Technology

1. Abdominal Aorta, IVC	1	2	3	4
2. Area for % Stenosis	1	2	3	4
3. Carotids	1	2	3	4
4. Diameter for % Stenosis	1	2	3	4
5. Hepatic, Splenic	1	2	3	4
6. IPG (arms and legs)	1	2	3	4
7. Lower Extremity Arterials	1	2	3	4
8. Lower Extremity Venous	1	2	3	4
9. Penile Doppler	1	2	3	4
10. Plethysmography for finger, toes, TOS	1	2	3	4
11. Pulsatility Index	1	2	3	4
12. PVR (arms and legs)	1	2	3	4
13. PW and/or CW for % Stenosis	1	2	3	4
14. Resistive Index	1	2	3	4
15. SMA, Celiac, Renals	1	2	3	4
16. TCD	1	2	3	4

17. Upper Extremity Arterials	1	2	3	4
18. Upper Extremity Venous	1	2	3	4

G. Echo/Cardiology

1. Color and Doppler (PW&CW)	1	2	3	4
2. Pedof Transducers	1	2	3	4
3. Portable Studies	1	2	3	4
4. Stress Testing	1	2	3	4
5. TEE	1	2	3	4
6. 2D and M-mode	1	2	3	4