



Diagnostic Skills Self -Assessment

Provider's Name: _____

Date: _____

CERTIFICATIONS

	YES	NO	PART?	YEAR
ABMP OR ABR THERAPY.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ABMP OR ABR DIAGNOSTIC.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ABMP OR ABR NUCLEAR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ABR OR CHP HEALTH PHYSICS.....	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ACR ACCREDITATION FOR _____	<input type="checkbox"/>	<input type="checkbox"/>		
MQSA CERTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>		

STATE LICENSES: _____

RADIATION SAFETY LICENSING

BROAD SCOPE AS RSO.....	<input type="checkbox"/>	<input type="checkbox"/>
NRC LICENSE AS RSO.....	<input type="checkbox"/>	<input type="checkbox"/>
NRC LICENSE FOR HDR	<input type="checkbox"/>	<input type="checkbox"/>
AGREEMENT STATE AS RSO.....	<input type="checkbox"/>	<input type="checkbox"/>
AGREEMENT STATE FOR HDR.....	<input type="checkbox"/>	<input type="checkbox"/>

OTHER: _____

Please Describe Your Proficiency Level

(A)Extremely Proficient , (B) Proficient, (C) Limited, (D) Theory (No Practice), (E) None

	A	B	C	D	E
DIAGNOSTIC IMAGING MODALITIES					
X-RAY					
COMPUTED TOMOGRAPHY (CT).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLUOROSCOPY.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANGIOGRAPHY.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAMMOGRAPHY.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ULTRASOUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUCLEAR MEDICINE					
PET: POSITRON EMISSION TOMOGRAPHY.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECT: SINGLE PHOTON EMISSION COMMUTED TOMOGRAPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAMMA CAMERAS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is a self evaluation completed by the Provider as a general skills assessment. Pinnacle Staffing Solutions, Inc is not qualified to certify or guarantee this assessment. It is provided for informational purposes only.