

# Premier Imaging Consultants, Inc.

## MRI SKILLS CHECKLIST

NAME

DATE

Years of Experience

Registry#

Expires

**4 = Proficient (at least two years of experience out of the last five) independent 3 = Skilled (at least 6 months to one year within the last two years) minimal review needed 2 = Intermittent Skills (less than 6 month out of the last two years) may need some supervision 1 = Theory only No Experience**

Experience	YRS				MOS				Credentials	YRS				MOS			
Director									Non - Registered								
Supervisor									Registered								
Small Hospital									BLS								
Large Hospital									ACLS								
Doctor's office									Other								
Mobile Route/Unit																	
Applications Training																	
Other																	
Equipment	4	3	2	1	Procedures	4	3	2	1	4	3	2	1	4	3	2	1
DiaSonics 1.5					1. Warm-up Procedures												
Fonar 0.5					2. Spin Echo Images												
Fonar 1.5					3. Fast Spin Echo Images												
Fonar 0.6 Stand up MRI					4. T1 Weighted Images												
Fonar 360					5. T2 Weighted Images												
GE1.5					6. Gradient Echo Images												
GE 1.5 TeslaSX Software					7. Venogram:												
GE 1.5 Tesla 4.5 Software					a) Carotids Neck												
GE 1.5 Tesla 4.8 Software					b) Aorta												
GE 1.5 TeslaSX Software					c) Renals												
GE 1.5TSigna5X					d) Pelvis												
GE Horizon LX					e) Upper Extremities												
GE Signa					f) Lower Extremities												
Hitachi MRI					8. Inversion Recovery Images												
Hitachi Airus Open					9. Fat Suppression Images												
Phillips .5T NT					10. Partial Saturation Images												
Phillips 0.5					11. Surface Coils												
Phillips 1.5					12. Multiplanar reconstruction												
Phillips 1.5TNT					13. MRCP Cholangiograms												
Picker LOT					14. MR Angiography Circle of Willis												
Picker 1.5T					15. MR Brain (IAC's , Pituitary, Orbits, Sinuses, Palliodotomy X-Knife)												
Siemens 0.5					16. MR Neck:												
Siemens 1.0T42SP					a) Soft Tissue												
Siemens 1.0T Impact					b) Brachial Plexus												
Siemens 1.5					17. MR Chest												
Siemens 1.5T63SP					a) Lungs												
					b) Mediastinum												

# Premier Imaging Consultants, Inc.

## MRI SKILLS CHECKLIST

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Equipment	4	3	2	1	Procedures	4	3	2	1
Toshiba Opart					18. MR Spine				
Toshiba .5T					a) Cervical				
Toshiba Ultra					b) Dorsal				
Toshiba 1.5 Vantage					c) Lumbar Sacrum				
Other (please list)					19. MR Abdomen				
					a) Liver				
					b) Kidneys				
					c) Pancreas				
					20. MR Pelvis				
					a) Bony Pelvis				
					21. Internal Organs				
					a) Uterus				
					b) Ovaries				
					c) Prostate				
					22. MR Upper & Lower Extremities				
					23. IV Conscious Sedation				
					24. Anesthesia Sedation				
					25. Other: (please list)				

Are you competent in Pain Management and understand the JCAHO Guidelines? yes \_\_\_ no

### SPECIALTY COURSES

1. \_\_\_\_\_ DATE \_\_\_\_\_
2. \_\_\_\_\_ DATE \_\_\_\_\_
3. \_\_\_\_\_ DATE \_\_\_\_\_

Detail any additional experience or information you wish the hospital to know. Include your preference of shift, area of assignment, and expectation of floating:

What additional languages do you speak?

Comments:

**Please read and agree to the statements below by initialing the checkbox. \***

\*The information that I have provided in this skills checklist is true and accurate to the best of my knowledge and a true representation of my professional skills. I authorize PIC, Inc. to release this checklist to their client facilities for consideration of employment in a temporary or permanent capacity.

# PREMIER IMAGING CONSULTANTS, INC.

## Employment Application

Full Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Perm Address: \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip- \_\_\_\_\_ Work No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Emergency No. \_\_\_\_\_  
Are you legally entitled to work in the United States? \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Are you 18 years old or older? \_\_\_\_\_ Current Address \_\_\_\_\_  
What position are you applying for? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip\_ \_\_\_\_\_  
If you are hired, when can you start work? \_\_\_\_\_

### Education

#### High School

Name of School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Number of years attended: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_

#### Trade School

Name of School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Number of years attended: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_

#### College and Post Graduate

Name of School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Number of years attended: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_  
What degree? \_\_\_\_\_

Name of School: \_\_\_\_\_  
Location: \_\_\_\_\_  
Number of years attended: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_  
What degree? \_\_\_\_\_

### Employment History

Beginning with your most recent employment and following information:

Employer: Address: \_ Job Title: \_ Duties: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

#### Employment History cont.

Phone: \_\_\_\_\_

working back in time, please give the

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_

# PREMIER IMAGING CONSULTANTS, INC.

## COMPUTED TOMOGRAPHY SKILLS CHECKLIST

NAME	DATE					Procedures cont.				
Equipment		4	3	2	1		4	3	2	1
31. Toshiba 600						5. Spine				
32. ToshibaXVision						a) Cervical - Routine				
						b) Cervical - Trauma				
Procedures cont.						c) Thoracic - Routine				
f) CTSIM-Lung						d) Thoracic - Trauma				
g) CTSIM - Esophagus						e) Lumbar - Routine				
h) CTSIM -Breast						f) Lumbar - Trauma				
1. Abdomen & Pelvis						g) Lumbar - Disks				
a) Abdomen - Routine						h) CTSIM - Craniospinal				
b) Abdomen - Trauma						6. Extremities				
c) Abdomen & Pelvis - Routine						a) Shoulder				
d) Aortic Aneurysm						b) Elbow				
e) Liver - Triphase						c) Wrist				
f) Liver - CT Arterial Portography						d) Hip				
g) Adrenals						e) Knee				
h) Pancreas - Uniphase						f) Ankle				
i) Pancreas - Biphas						g) Calcaneus				
j) Kidneys - Routine						h) CTSIM - Sarcoma Lower/Upper Extremity				
k) Kidneys - Stone search						7. Interventional				
l) Kidneys - Biphas						a) Abscess Drainage				
m) Kidneys - Triphase						b) CT Guided Biopsy				
n) Kidneys - Renal Artery Stenosis						8. Other (please list)				
o) Pelvis - Routine										
p) Pelvis - Biphas										
q) Pelvis - Trauma										
r) CTSIM - Ovary						Other Equipment (please list)				
s) CTSIM - Seminoma										
t) CTSIM - Prostrate										
u) CTSIM - Bladder										

Are you competent in Pain Management and understand the JCAHO Guidelines? yes \_\_\_ no\_\_

### SPECIALTY COURSES

- |          |            |
|----------|------------|
| 1. _____ | DATE _____ |
| 2. _____ | DATE _____ |
| 3. _____ | DATE _____ |

Detail any additional experience or information you wish the hospital to know. Include your preference of shift, area of assignment, and expectation of floating:

## COMPUTED TOMOGRAPHY SKILLS CHECKLIST

# PREMIER IMAGING CONSULTANTS, INC.

## Additional Qualifications

Please tell us about any other training, education, skills or achievements that you feel should be considered.

To Premier Imaging Consultants, Inc:

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge. I understand that in connection with, and during, my employment with, Premier Imaging Consultants, Inc., investigative background inquiries are to be made on myself that may include consumer, criminal, driving, academic, and other reports. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination from previous employers. Further I understand that, Premier Imaging Consultants, Inc. may be requesting information from various Federal, State and other Agencies which maintain records concerning my past academic, employment, driving, credit, criminal, civil, military service, and other experiences. I understand that references will be checked and credentials verified. I give my consent for these pre-employment checks and authorize, without reservation, any party or agency contacted by this employer to furnish the above information.

Driver's license # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_ Have you ever been convicted of Driving Under the Influence of Alcohol or Illegal Substance ? \_\_\_\_\_ Has your driver's license been suspended within the last five years? \_\_\_\_\_ Have you had any moving violations within the last five years? \_\_\_\_\_

(A yes answer will not necessarily impact employment with, Premier Imaging Consultants, Inc.)

If you are offered and accept employment with Premier Imaging Consultants, Inc., in the interest of safety for all concerned, you will be required to take a urine test for drug and/or alcohol use.

I, \_\_\_\_\_ have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record. If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Premier Imaging Consultants, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_