



Competency Checklist

Magnetic resonance procedures

The procedures, as identified, should accurately reflect the experiences of the applicant. Those items achieved at a level of 'competence' indicate that the applicant has demonstrated, through independent actions, the orderly progression of tasks required to achieve accurate diagnostic images within a reasonable standard of time, for a variety of patient cases. Those identified as N/A may require orientation within the Alberta clinical setting.

To complete the checklist:

1. indicate the date when the procedure was last performed
2. indicate whether competence was demonstrated or whether the particular procedure was not applicable to the area of clinical practice
3. obtain supervisor validation for the checklist entries

Procedure/Study	Date last performed	Competent	N/A	Supervisor Validation
Head/Face/Neck Imaging				
Brain – routine				
Brain – contrast enhanced				
Brain – MS				
Brain – seizure				
Brain – IAC				
Brain – cranial nerves				
Brain – MRA/MRV				
Sella/pituitary/fossa				
Orbits				
Sinuses				
Neck – carotid MRA				
Neck – soft tissue				
Spinal Imaging				
Cervical				
Thoracic				
Lumbar				
Complete Spine				
Enhanced – specify:				
Enhanced – specify:				

Thorax Imaging				
Cardiac				
Cardiovascular MRA				
Chest wall				
Breasts				
Brachial plexus				
Abdominal Imaging				
Liver				
Pancreas				
Kidneys				
Adrenals				
MRCP				
Musculoskeletal Imaging				
TMJ				
Shoulder				
Elbow				
Hand/Wrist				
Upper limb/non-joint				
Upper limb/arthrogram				
Pelvis/Hip				
Knee				
Foot/Ankle				
Lower limb/non-joint				
SI joint				
Pelvic Imaging				
Female reproductive organs				
Prostate				
Bladder				
Rectum				
MR Angiography				
Other:				
Other:				
Quality Control				
Scan appropriate phantom				
RF coil QA				
Confirm cryogen levels				
Maintain accessory equipment				
Process test images				
Perform basic trouble-shooting				
Additional Clinical Tasks				
Prepare contrast media				
Start an IV line for contrast media				
Post-process and archive images				
Operate peripheral equipment				
Patient Care				
Screen for contraindications				
Maintain sterile/isolation precautions				
Identify & manage claustrophobic patients				

Applicant Name: _____ Date: _____

Supervisor Name: _____
(please print)

Supervisor Signature: _____

Supervisor Contact Info:

Phone Number: _____ email: _____