

Mission Statement

The Alberta College of Medical Diagnostic and Therapeutic Technologists exists so that the public is assured of receiving safe, competent and ethical diagnostic and therapeutic care by regulated professionals.

Competency Checklist

Nuclear medicine 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 and therapeutic results 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 (mm/dd/yyyy) | Competent | N/A | Supervisor Validation |
|--|-------------------------------------|-----------|-----|-----------------------|
| Imaging Procedures | | | | |
| Myocardial perfusion – gated SPECT | | | | |
| Myocardial perfusion – non-gated SPECT | | | | |
| Myocardial perfusion – pharmacological SPECT | | | | |
| Gated equilibrium (rest) | | | | |
| Exercise gated | | | | |
| Brain perfusion | | | | |
| CSF shunt | | | | |
| CSF cisternogram | | | | |
| CSF leaks | | | | |
| Parathyroid (MIBI) | | | | |
| Thyroid uptake | | | | |
| Thyroid scan | | | | |
| Adrenal mIBG scan | | | | |
| RBC liver | | | | |
| Hepatobiliary | | | | |
| Liver/spleen | | | | |
| Meckel's Diverticulum | | | | |
| Gastric emptying | | | | |
| Renal scan | | | | |
| Sentinel node imaging | | | | |

| Procedure/Study | Date last performed (mm/dd/yyyy) | Competent | N/A | Supervisor Validation |
|---|--|------------------|------------|------------------------------|
| Tumour imaging with iodine | | | | |
| WBC labelling & imaging | | | | |
| Gallium | | | | |
| V/Q | | | | |
| Quantitative lung | | | | |
| 3-phase local bone | | | | |
| Total body bone | | | | |
| Non-imaging | | | | |
| RBC mass determination | | | | |
| Other: | | | | |
| Therapy | | | | |
| Thyroid radioiodine therapy | | | | |
| Therapy – bone metastases | | | | |
| Special Applications | | | | |
| PET/CT imaging | | | | |
| SPECT/CT imaging | | | | |
| Supportive Clinical Tasks | | | | |
| Instrumentation quality control | | | | |
| Radiopharmaceutical preparation and quality control | | | | |
| Dispose of radioactive materials & wastes | | | | |
| Perform radiation surveys | | | | |
| Perform wipe tests | | | | |
| Perform basic troubleshooting | | | | |
| Administration of radiopharmaceuticals (IV, orally, inhalation) | | | | |
| Operate peripheral equipment | | | | |
| ECG acquisition | | | | |
| Cardiac stress preparation | | | | |
| Maintain sterile/isolation precautions | | | | |
| Obtain & assess patient vital signs | | | | |
| Optimize, analyze and archive electronic data | | | | |

Applicant Name:

Date: _____

Supervisor Name:

Supervisor Signature: _____

Supervisor Contact Info:

Phone Number:

Email: