



Mission Statement

Public confidence in receiving safe, competent, and ethical diagnostic and therapeutic care from regulated professionals.

Competency Checklist

Radiological 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 (mm/dd/yyyy)	Competent	N/A	Supervisor Validation
General Radiography				
Skull				
Facial bones/Zygomatic arches				
Orbits				
Mandible/Panagram				
Sinuses				
Hand/scaphoid/elbow/humerus				
Clavicle/Acromioclavicular joint				
Shoulder				
Toes				
Foot/calcaneus/ankle				
Tibia/fibula/femur				
Knee				
Pelvis				
Hip – non-trauma/trauma				
Spine – cervical				
Spine – thoracic/lumbar				
Sacrum/coccyx				
Ribs				
Systems Imaging				
Soft tissue neck				
Chest – ambulatory				
Chest – non-ambulatory				
Abdomen – series/with upright				
Abdomen – series/with decubitus views				

Procedure/Study	Date last performed (mm/dd/yyyy)	Competent	N/A	Supervisor Validation
Pediatric Imaging				
Infants				
Children (3 – 7 yrs)				
Fluoroscopy Procedures				
Upper gastric imaging				
Small bowel series/follow thru				
Air contrast colon				
Arthrography				
Mobile Radiography				
Pediatric imaging				
Adult abdomen				
Adult skeletal				
Surgical Suite Procedures				
Retrograde urography				
Orthopedic				
Non-orthopedic				
Cardiovascular/Angiography				
Specify:				
Specify:				
Computed Tomography				
Specify:				
Specify:				
Other Procedures				
Bone Mineral Densitometry				
Mammography				
Quality Control of:				
Basic radiographic equipment				
Shielding devices				
Processing accessories				
Repeat/Reject analysis				
Additional Clinical Tasks				
Prepare contrast media				
Format/Optimize images				
Ensure radiation safety				
Patient Care				
Obtain & assess vital signs				
Maintain sterile/isolation precautions				
Insert enema tip				

Applicant Name: _____

Date: _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Contact Info:

Phone Number: _____

Email: _____