



8892 Beckett Road
 West Chester, OH 45069
 (FAX) 866-740-9957
 (PHONE) 866-301-4045

Name: _____

CAT Scan Skills Check List- Please indicate number of years/ months of experience.

CAT Scan PROCEDURES	CODE	YRS.	MO.
Abdomen	PTE		
Brain w/wo Contrast	PTJ		
Biopsy Procedures/ Abscess	PTL		
Cervical Spine	PTN		
Chest	PTB		
CTA Exams	PTZ		
Dynamics/ Serio Scan	PBB		
Extremities Upper & Lower	PTR		
Hi Resolution Chests	PZZ		
Hip	PTT		
IAC/ Temp. Bones	PTG		
Kidneys w/wo art. Ven.	PIZ		
Larynx/ Neck S.T.	PTA		
Liver Art./ Ven.	PTI		
Lumbar Spine	PTM		
Orbits/ Facial Bones	PTH		
Pancreas	PTD		
PET Scanning	PD4		
Pelvis	PTF		
Pituitary	PKZ		
Reformations/ Recon.	PBA		
Sinuses Axial & Coronal	PMZ		
Thoracic Spine	PTP		
TM Joints	PTC		

EQUIPMENT	CODE	YRS.	MOS.
CT Elscint	ECD		
GE 8800	EBB		
GE 9000 (Max)	EBD		
GE 9800	EBE		
GE 9800 Quick	EBC		
GE CTi	EAZ		
GE High Speed Helical	ECI		
GE Hilite Advantage	ECJ		
GE Lxi	EBZ		
GE Max 640	EDZ		
GE Prospeed	EEZ		
GE Systec SRI	EFZ		
GE Sytec 2000i	EJZ		
GE 16 Multi Slicer	EBA		
Philips	ECF		
Philips Mx8000 IDT Scanner	EPO		
Picker 1200	EDA		
Picker 200	EDC		

EQUIPMENT (Cont'd)	CODE	YRS.	MOS.
Picker 600	EDB		
Picker IQ Premier Xtra	EKZ		
Picker PQ 2000	ELZ		
Picker PQ 5000	EMZ		
PACS	ENZ		
Shimadzu	ECC		
Siemens DRH Somatron	ECA		
Siemens DR3	ECB		
Siemens E-CAM	EDD		
Siemens Somatom	EOZ		
Siemens Scanner Plus 4	EPZ		
Siemens Volume Zoom	EAR		
Technicare Quantum	ECH		
Tomoscan	ECG		
Toshiba	ECE		
Toshiba Xpress	EEA		
Toshiba TCT-600-HQ	EXZ		
Toshiba Xspeed	EEI		
Toshiba TCT 900S	EEJ		
Toshiba 1.5	EIS		
Fuji Film FCR AC-3CS	EEL		
Fuji Film FCR 5000R	EEK		
Kodak Direct View	EEM		
GE Vitrea	EEN		
Cemax	EEO		
Medrad Injectors	EEO		

BACKGROUND	CODE	YRS.	MOS.
Applications	BAG		
Clinic	BAD		
Doctor's Office	BAB		
Hospital	BAA		
Management Exp.	BAE		
Mobile Route	BRG		
Teach/ Education	BAF		

TITLE/ POSITION	CODE	YRS.	MOS.
Director	M*B		
Non Regist. CT Tech	TRH		
Registered CT Tech	TRC		
Supervisor/ Lead	M*A		

** I certify that the information above is a true representation of my abilities.

Signature: _____

Date: _____