

Name: \_\_\_\_\_

**Mammography Skills Check List- Please indicate number of years/months of experience.**

MAMMO PROCEDURES	CODE	YRS.	MOS.
Film Screen	PXV		
Localizations	PBX		
Specimen Radiographs	PCL		
Xeromammography	PXW		

TITLE/ POSITION	CODE	YRS.	MOS.
ARRT Cert. Mammo	TBB		
Non Cert. Mammo	TRF		
Director	M*B		
Supervisor/ Lead	M*A		

EQUIPMENT	CODE	YRS.	MOS.
Bennett Contour	EAX		
Bennett MF- 150	EBX		
Digital Mammography	PIB		
Fisher Athena	EDX		
Fisher Mammotest	EFX		

GE 600T	EGX		
GE DMR	EHX		
GE Sinex 600 T HF	EIX		
GE Senographe 800T	EJX		
Giotto HF	EKX		
Lorad M2E	ELX		
Lorad ABBI	EMX		
Lorad Elite	ENX		
Lorad M4	EOX		

Lorad Transpo 350	EPX		
Medison ESP- 200	EVX		
Medison ESP- 300	EWX		
Philips Mammo Diagnost	EXA		
Siemens Mammomat	EXB		
Trans World Mam CP	EXC		

BACKGROUND	CODE		

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_