EL CAMINO COLLEGE - RADIOLOGIC TECHNOLOGY PROGRAM - YR_____

CLINICAL EXPERIENCE LOG - TOTALS

STUDENT _____ **Affiliate** _____ _____

Mandatory Radiological Procedure ***Total Exams per month*:**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**total#**
EXTREMITIES													
Finger or Thumb													
Hand													
Wrist													
Forearm													
Elbow													
Humerus													
Shoulder													
Trauma Shoulder (Y-View/Trans or Axillary)													
Trauma Upper Extremity (Nonshoulder)													
Foot													
Ankle													
Tibia/Fibula													
Knee													
Femur													
Trauma Lower Extremity (Nonhip)													
PELVIS, HIP, & SPINE													
Hip													
Pelvis													
Trauma Hip (X-Table Lat.)													
Cervical Spine													
Trauma C-Spine (X-Table Lat.)													
Thoracic Spine													
L-S Spine													
THORAX													
I Chest Routine (Ambulatory)													
II Chest (WC or Stretcher)													
III Pediatric Chest (Routine) *													
Ribs													
CRANIUM													
Skull													
Paranasal Sinuses													
Facial Bones													
ABDOMEN, UGI & BE													
Abdomen (Supine)													
Abdomen (Upright or Decubitus)													
Upper G.I. Series													
Small Bowel Series													
Barium Enema													
PORTABLES /SURGERY													
Portable Abdomen													
Portable Chest													
Portable Ortho.													
C-Arm (Surgery)													

* Pediatrics = age 6 or younger

STUDENT_____ **YR** _____

CLINICAL COMPETENCY COMPLETION FORM - ELECTIVES

Complete 15 of the *"Elective"* Radiological Procedures.
No more than 6 *"Electives"* may be performed on phantoms.

Total Exams per month	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**	**total #**
GENERAL RADIOGRAPHY													
Pediatric Upper Extremity *													
Clavicle													
Chest, Decubitus													
Sternum													
A-C Joints													
Scapula													
Toes													
Calcaneus or Os Calsis													
Patella													
Pediatric Lower Extremity *													
Sacrum and/or Coccyx													
S-I Joints													
SKULL RADIOGRAPHY													
Zygomatic Arches													
Mandible													
Orbits													
Nasal													
PORTABLE RADIOGRAPHY													
Operative Cholangiography													
Retrograde Urography													
Pediatric Mobile Study *													
SPECIAL STUDIES													
Scoliosis Series													
Pediatric Abdomen *													
Myelography													
Cystogram / Cystourethrography													
Soft Tissue Neck													
ERCP													
I.V. Urogram													
Esophagus													
Arthrography													
OTHER (name separately)													

* Pediatrics = age 6 or younger

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* Pediatrics = age 6 or younger