

Competency & Lab Assessment* Schedule

Student's Name _____

80% or higher is considered passing.

First Quarter

Date complete	Date complete	Date complete
_____ Aorta _____	_____ Liver _____	_____ Renals _____
_____ Pancreas _____	_____ Gallbladder _____	_____ Sequoia _____

Student's Signature _____ Date _____

Director's Signature _____ Date _____

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Second Quarter

_____ Aorta _____	_____ Liver _____	_____ Renal _____
_____ Pancreas _____	_____ GB _____	_____ Gyn Pelvis _____
_____ 1 st Tri OB _____	_____ TV _____	_____ Fetal Pos _____
_____ Bio _____	_____ Bladder _____	

Student's Signature _____ Date _____

Director's Signature _____ Date _____

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Third Quarter

_____ Abd Complete _____	_____ Abd Complete _____	_____ Abd Lim _____
_____ Thyroid _____	_____ Testicle _____	_____ Breast _____
_____ TV _____	_____ TV _____	_____ Doppler Equip _____
_____ 2 nd Tri OB _____	_____ 3 rd Tri Fet Pos _____	_____ Bio _____

Student's Signature _____ Date _____

Director's Signature _____ Date _____

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Fourth Quarter

_____ Abd Complete _____	_____ Abd Complete _____	_____ Abd Doppler _____
_____ Thyroid _____	_____ Testicle _____	_____ 3D image _____
_____ TV _____	_____ TV _____	_____ Lesion _____
_____ 2 nd Tri OB _____	_____ 3 rd Tri Fet Pos _____	_____ Portable _____
_____ Non-cardiac chest _____	_____ Bx/Needle _____	_____ ARFI _____
_____ GI & Appendix* _____	_____ Achilles* _____	_____ Renal Doppler* _____
_____ 3D* _____	_____ Mesenteric Doppler* _____	

Student's Signature _____ Date _____

Director's Signature _____ Date _____

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