

Competency Schedule

Student's Name _____

80% or higher is considered passing.

First Quarter

	Date complete		Date complete
_____ Aorta	_____	_____ Liver	_____
_____ Pancreas	_____	_____ Gallbladder	_____
_____ Renals	_____	_____ S2000	_____
_____ S2000-touch	_____	_____ Sequoia	_____

Student's Signature _____ Date _____
Director's Signature _____ Date _____

Second Quarter

_____ Aorta	_____	_____ Fetal Pos	_____
_____ Pancreas	_____	_____ Bio	_____
_____ Renals	_____	_____ Gyn-Pelvis	_____
_____ Liver	_____	_____ 1 st Tri. OB	_____
_____ GB	_____	_____ TV	_____

Student's Signature _____ Date _____
Director's Signature _____ Date _____

Third Quarter

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

Student's Signature _____ Date _____
Director's Signature _____ Date _____

Fourth Quarter

_____ Abd Complete	_____	_____ TV	_____
_____ Abd Complete	_____	_____ TV	_____
_____ Abd Doppler	_____	_____ 2 nd Tri OB	_____
_____ 3D image	_____	_____ 3 rd Tri OB	_____
_____ Thyroid	_____	_____ Bx/Needle	_____
_____ Testicle	_____	_____ Knee/Lesion/Misc.	_____
_____ Portable	_____	_____ ARFI	_____
_____ Achilles tendon	_____	_____ Non-cardiac chest	_____

Student's Signature _____ Date _____
Director's Signature _____ Date _____