



Personnel Data Form

Ultrasound Temps, Inc. is an equal opportunity employer and will not discriminate on the bases of race, sex, religion, national origin, age, color, veteran status or any disability as provided in the Americans with Disabilities Act.

Name: ARDMS Registry #:

Address1:

City: State: Zip:

Email Address:

Home Phone Number: Cell Phone Number:

How did you find out about Ultrasound Temps?

How many years experience do you have in ultrasound (not including school)?

Employment History

Employer Name:

Employed from: (month/year) to (month/year)

May we contact your previous employer? Yes No

Address:

City: State: Zip:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
(If yes, attach a separate sheet with explanation).

Have any claims/suits been made against you within the last 5 years? Yes No
(If yes, attach a separate sheet with explanation).

Have you ever been involved as a defendant in professional malpractice litigation? Yes No
(If yes, attach a separate sheet with explanation).



Do you have any history of drug, alcohol or sexual abuse? Yes No
(If yes, attach a separate sheet with explanation).

Along with this information, please include a copy of your current resume.

Please check all that apply.

1. Check the type of ultrasound equipment you have experience working with.

- | | |
|--|---|
| <input type="checkbox"/> GE | <input type="checkbox"/> Aloka |
| <input type="checkbox"/> Philips | <input type="checkbox"/> ATL |
| <input type="checkbox"/> Hewlett Packard | <input type="checkbox"/> Dasonics |
| <input type="checkbox"/> Siemens | <input type="checkbox"/> Interspec (Apogee) |
| <input type="checkbox"/> Toshiba | <input type="checkbox"/> Corometrics |
| <input type="checkbox"/> Sonosite | |

Other type of machines:

2. Check the type of ultrasound procedures you are proficient performing?

Abdomen:

- | | |
|--|---|
| <input type="checkbox"/> Complete Abdomen | <input type="checkbox"/> Ultrasound Guided Procedures |
| <input type="checkbox"/> Abdominal Doppler | <input type="checkbox"/> Transplant Organs |
| <input type="checkbox"/> Renal | |
| <input type="checkbox"/> Aorta | |
| <input type="checkbox"/> Other: | <input type="text"/> |

Superficial Structures:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Abdominal Wall |
| <input type="checkbox"/> Scrotum | <input type="checkbox"/> Neonatal Heads |
| <input type="checkbox"/> Other: | <input type="text"/> |

Obstetric:



- OB Complete
- 1st Trimester OB
- 2nd/3rd Trimester OB
- Biophysical Profile
- Other:
- OB Doppler
- Ultrasound Guided Procedures
- Amniocentesis
- Chorionic Villi Sampling

Gynecology:

- Transabdominal Pelvis
- Transvaginal Pelvis
- Follicular Monitoring
- Other:
- Uterine/Ovarian Doppler
- Sonohysterography

Vascular:

- Venous Imaging
- Lower Extremity
- Upper Extremity
- Carotid Doppler
- Abdominal Doppler
- Other:
- PVR (Arms & Legs)
- IPG (Arms & Legs)
- Arterial Imaging
- Lower Extremity
- Upper Extremity

Echo:

- 2-D & M Mode
- Adult
- Pediatric
- Stress Echo or TEE
- Other:
- EKG
- ECG
- Holter Monitoring