

Trainee Name: _____

Supervisor's Name: _____

Category #1: _____

(use separate log for each category)

TRAINEE LOG OF PROCEDURES

Radiologic Procedure Anatomical Area	Date Completed	Type (check one)	Competence Verified by
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
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		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:

(Photocopy as needed)

Trainee Name: _____

Supervisor's Name: _____

Category #2: _____

(use separate log for each category)

TRAINEE LOG OF PROCEDURES

Radiologic Procedure Anatomical Area	Date Completed	Type (check one)	Competence Verified by
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
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		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:
		<input type="checkbox"/> Patient <input type="checkbox"/> Simulated	Name: License Number:

(Photocopy as needed)

