

MRTB CLINICAL EXPERIENCE FORM  
SONOGRAPHY (CARDIAC ULTRASOUND)

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Name

Registration Number

40-0

*Post qualification employment history for the last three-years<sup>1</sup>*

*(Most recent employer first)*

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

**If above employment position was for less than three-years**

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

Place of employment

Position held

Dates of employment

Length of employment:

Working hours per week

**Please provide the name and contact details of the most recent medical imaging supervisor and whether it is possible for the MRTB to contact them if there are any further queries.**

Supervisor name

Supervisor email address

<sup>1</sup> If returning to practise, please provide details of your most recent 3 years of employment.

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**Please complete a separate form for each place of employment**

*Ultrasound examinations performed by the applicant at this employment (circle one) or NA*

<b>Adult Echocardiogram Complete</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Limited Echocardiogram</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Stress Echocardiogram</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Dobutamine Stress Echocardiogram</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Paediatric Echocardiogram</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Neonatal Echocardiogram</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Transesophageal Echocardiogram</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Other</b>	0	<50	50-100	100-250	250-500	500+	N/A

Please specify other ultrasound examinations performed:

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Please describe whether, following completion of a scan / study, you have experience writing preliminary reports for the cardiologist?

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