

MRTB CLINICAL EXPERIENCE FORM

SONOGRAPHY (GENERAL ULTRASOUND)

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Please note there is a separate form for applicants who work in Vascular Ultrasound only

Name

Registration Number

40-0

Post qualification employment history for the last three-years¹

(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

¹ If returning to practice 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

Abdomen	0	<50	50-100	100-250	250-500	500+	N/A
Pelvis Female	0	<50	50-100	100-250	250-500	500+	N/A
Renal	0	<50	50-100	100-250	250-500	500+	N/A
Thyroid	0	<50	50-100	100-250	250-500	500+	N/A
Leg DVT	0	<50	50-100	100-250	250-500	500+	N/A
Obstetric 1st trimester	0	<50	50-100	100-250	250-500	500+	N/A
Obstetric 2nd trimester	0	<50	50-100	100-250	250-500	500+	N/A
Obstetric 3rd trimester	0	<50	50-100	100-250	250-500	500+	N/A
Scrotum	0	<50	50-100	100-250	250-500	500+	N/A
Soft Tissue	0	<50	50-100	100-250	250-500	500+	N/A
MSK	0	<50	50-100	100-250	250-500	500+	N/A
Breast	0	<50	50-100	100-250	250-500	500+	N/A
Other	0	<50	50-100	100-250	250-500	500+	N/A

For Vascular and MSK please state the exam types and approximate numbers below
