

# MRTB CLINICAL EXPERIENCE FORM

## SONOGRAPHY (VASCULAR ULTRASOUND)

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*Please note there is a separate form for applicants who work in General Ultrasound*

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 email them if there are any further queries.*

Supervisor name

Supervisor email address

<sup>1</sup> 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*

<b>Leg Arteries</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Leg Veins</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Carotid</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Renal Doppler</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Abdominal Doppler</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Haemodialysis Access</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Grafts</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Arm Arteries</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Arm Veins</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Arm DVT</b>	0	<50	50-100	100-250	250-500	500+	N/A
<b>Leg DVT</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