

SURGICAL TECHNOLOGIST SKILLS CHECKLIST



PROFILE

Name: _____

Date: _____ Specialty(s): _____

Total Years of Experience: _____

SKILL LEVEL

A = No Experience. Theory only.

B = Competent to perform safely and independently.

C = Highly Proficient. Performed frequently.

**INDICATE CLINICAL SKILL COMPETENCY AND LEVEL OF PROFICIENCY
FOR ALL PROCEDURES/EQUIPMENT IN THE LAST 12 MONTHS.**

A. EAR, NOSE & THROAT

	A	B	C
1. Adenoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Caldwell - Luc.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cleft lip/palate repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Closed reduction nasal fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ethmoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Excision of salivary gland tumor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fenestration procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Frontal flap sinus procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Glossectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Laryngectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mandibulectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Mastoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maxillary advancement with hip graft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Maxillectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Myringoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Myringotomy/with PE tube insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Nasal polypectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Open reduction facial fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Open reduction nasal fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Parotidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Pharyngeal flap procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Radical neck dissection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ranulectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Rhinoplasty/septoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Selective osteotomy of maxilla/mandible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Sinus endoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Sinusotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Stapedectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Submucous resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Tonsillectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Tracheostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Tympanoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. ENDOSCOPIC PROCEDURES

	A	B	C
1. Bronchoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Colonoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Culdoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cystoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Esophagoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Gastroscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Hysteroscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Laparoscopic procedures			
a. Appendectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cholecystectomy/cholangiogram.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Colon resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hernia repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nissen fundoplication.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Salpingo-oophorectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tubal ligation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Vaginal hysterectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Laryngoscopy & microlaryngoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mediastinoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pelviscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sigmoidoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Thoracoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. GENERAL SURGERY

	A	B	C
1. Abdominal perineal resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adrenalectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anal fissurectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appendectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Breast biopsy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Colectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Colostomy/ileostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Gastrectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gastroplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Hemorrhoidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hepatic resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C
12. Herniorrhaphy - femoral, inguinal, umbilical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hiatal herniorrhaphy, transabdominal/transthoracic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Hickman/Groshong/Portacath insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hydrocelectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Imperforate anus reconstruction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Lumbar sympathectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Omphalocele repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pancreatectomy/pancreatogram.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Pilonidal cystectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Portal caval shunt.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Pyloric stenosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Radical mastectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Saphenous vein ligation and stripping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Sentinel node biopsy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Splenectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Tenckhoff catheter placement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Thyroglossal duct cyst excision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Thyroidectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Tracheostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Vagotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. GYNECOLOGY

1. Cesarean section.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Colpotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dilation and curettage (D & C).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hysterectomy, abdominal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hysterectomy, vaginal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Marshall - Marchetti.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Marsupialization, Bartholin cyst.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ovarian cystectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Radium insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sacral spinus fixation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Shirodkar procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Suction curettage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Vaginal reconstruction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Vaginectomy/vulvectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. NEUROLOGY

1. A-V malformation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Anterior cervical fusion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Anterior laparoscopic spine procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anterior lumbar interbody fusion (ALIF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Burr holes for subdural hematoma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Carotid ligation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cervical sympathectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Craniectomy for decompression fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Cranioplasty/craniotomy			
a. Clipping of aneurysm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tumor excision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C
c. Using stealth equipment (stealth craniotomy).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Discectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Hypophysectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Insertion nerve stimulators/ medication pumps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Laminectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Myelomeningocele repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Pedicle screw insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Posterior lumbar interbody fusion (PLIF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Shunt procedure/VP, VA/LP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Spine fusion - list systems you have used _____			
19. Ulnar nerve transfer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Ventriculography procedure/ ventriculoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Ventriculostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. OPHTHALMOLOGY

1. Cataract extraction with IOL.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Corneal transplant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dacryocystectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dacryocystorhinostomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Iridectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lid and muscle procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Orbital implant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Phaco emulsification.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pterygium repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Recession resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Repair orbital blowout fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Scleral buckle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Vitrectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. ORAL

1. Closed reduction facial fractures/wiring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Excision odontoma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Extraction of deciduous teeth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Extraction of impacted molars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fractured jaws, mandibular and zygomatic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. LeFort osteotomies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Maxillary procedure with graft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pediatric dentistry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sagittal osteotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Temporomandibular joint (TMJ) with arthroplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. TMJ exploration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. ORTHOPEDICS

1. Acetabular/pelvic ORIF.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Achilles tendon repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Amputation- leg, arm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C
4. Anterior cruciate ligament repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Application of external fixators			
a. Extremities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pelvis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Application of halo traction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Arthroscopy			
a. Ankle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Elbow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Knee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shoulder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Arthroscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bipolar/unipolar hips.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Bunionectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Calcaneal reconstruction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Capsulorrhaphy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Carpal tunnel release.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Closed reduction fracture.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Hand surgery with implants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Harrington rod instrumentation and/or Dwyer procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Heel cord lengthening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Hip compression nails & lag screws			
a. Jewett.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Kuntscher rod.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lottes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rush.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Schneider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Zimmer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Others - list _____			
19. Iliac crest bone graft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Insertion Austin Moor hip prosthesis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Intramedullary rods			
a. Extraction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Femoral.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Humeral.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Insertion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supracondylar.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tibial.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Laminectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Olecranon bursa, excision of.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Open reduction of fracture, internal fixation with compression set.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Patellectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Putti Platt/Bankart procedure/ rotator cuff repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Reduction with compression sets.....			
28. Reimplantation of digits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Repair hammer toes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Sacro-iliac (SI) joint screws.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C
31. Sharrad procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Spica cast, application of.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Spinal fusion.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tendon transplants (hand and foot).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Total joint replacements/revisions			
a. Total hip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Total knee.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Total shoulder.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. PLASTICS

1. Abdominal lipectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Blepharoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Face lift.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mammoplasty			
a. Augmentation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reduction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tramflaps with reconstructive mammoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Mentoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Otoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pedicle grafts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Scar revisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Split thickness skin grafting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tissue expanders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. THORACIC & OPEN HEART

1. Cervical rib excision.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chamberlain procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Closed thoracotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Correction pectus excavatum.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Esophagectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heller procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mitral commissurotomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Open heart procedures			
a. Mitral or aortic valve replacement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Patent ductus arteriosus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Septal defect repairs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tetralogy of Fallot.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Pacemaker implantation endocardial.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pacemaker implantation myocardial.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pericardiectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Resection coarctation aorta.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Rib resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Thoracoplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Tracheal resection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Transthoracic diaphragmatic herniorrhaphy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. TRANSPLANT

1. Bone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bone marrow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Corneal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C		A	B	C
4. Harvesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Bair Hugger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Blood/fluid warmer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Kidney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Camera/video systems			
7. Liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Camera controller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lung.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Light source.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Multi-organ.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Printers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pancreas.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. VCRs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Skin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Cell saver.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. TRAUMA				6. Cidex soak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Cry-ophthalmic unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gunshot/stab wounds				8. Dermatome			
a. Abdomen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chest.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Padgett.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Head.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Zimmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Motor vehicle accidents (multiple injuries).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Disposable grounding pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Traumatic amputations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Drills			
M. UROLOGY				a. 3-M Maxi driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Adult circumcision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Codman craniotome.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cystectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Hall air driver.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cystoscopy/ureteroscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Hall dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hypospadias repair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Hall neurotome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Implants: penile, testicular.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Midax Rex/Anspach.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lithotripsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Minidriver.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Nephrectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Stryker drills			
8. Nephrolithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(1) Large battery Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Orchiopexy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(2) Small battery Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Prostatectomy				i. Surgairtome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Perineal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Synthes A-O Drill.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Supra-pubic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Electrosurgical unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Pyeloplasty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Emerson thoracic pump.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Radical node dissection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Ethylene oxide sterilizer - AMSCO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Scott incontinence device.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Eye magnet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. TURP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Fiber optic luminator - list types _____			
15. Ureterolithotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Flash autoclave - AMSCO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Vasectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Fracture tables			
17. Vasovasostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Chick table/Marquet table.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Waterhouse procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Jackson table.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. VASCULAR				c. Rush table/Skytron table.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. A-V access graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Hypo/hyperthermia unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Aortic aneurysm with graft replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Intestinal stapling devices			
3. Endarterectomy/carotid - femoral.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. EEA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Peripheral vascular bypass procedures.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. GIA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Resection carotid aneurysm with graft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. LDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Thrombectomy/embolectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. TA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Vena cava filter/umbrella.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Kreiselman resuscitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Vena cava ligation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Laser			
O. EQUIPMENT				a. CO ₂	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Argon beam coagulator.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Eye.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initials _____

	A	B	C
c. Yag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____			
22. Mesh graft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Microscopes, type _____			
24. Nerve stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Nitrous oxide bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Ohio suction units.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Orthopedic arm board with drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Pleurevac disposable chest drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Pneumatic tourniquet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A	B	C
30. Sterad machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Steri-vac aeration cabinet, 3-M, portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Steris unit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Suction unit, disposable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Tele-thermometer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Ultrasonic cleaner - AMSCO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Vac-pac positioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Vacuum curettage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Washer sanitizer - AMSCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Washer sterilizer - AMSCO.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the boxes below for each age group for which you have expertise in providing age-appropriate nursing care.

AGE SPECIFIC EXPERIENCE:

A. Newborn/Neonate (birth - 30 days)	D. Preschooler (3-5 years)	G. Young adults (18-39 years)
B. Infant (30 days - 1 year)	E. School age children (5-12 years)	H. Middle adults (39-64 years)
C. Toddler (1-3 years)	F. Adolescents (12-18 years)	I. Older adults (64+)

EXPERIENCE WITH AGE GROUPS:

	A	B	C	D	E	F	G	H	I
Able to adapt care to incorporate normal growth and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can ensure a safe environment reflecting specific needs of various age groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My experience is primarily in: (Please indicate number of years.)

<input type="checkbox"/> Endoscopy ___Year(s)	<input type="checkbox"/> Opthamology ___Year(s)	<input type="checkbox"/> Transplant ___Year(s)
<input type="checkbox"/> ENT ___Year(s)	<input type="checkbox"/> Oral ___Year(s)	<input type="checkbox"/> Trauma ___Year(s)
<input type="checkbox"/> General ___Year(s)	<input type="checkbox"/> Ortho ___Year(s)	<input type="checkbox"/> Urology ___Year(s)
<input type="checkbox"/> GYN ___Year(s)	<input type="checkbox"/> Plastics ___Year(s)	<input type="checkbox"/> Vascular ___Year(s)
<input type="checkbox"/> Neuro ___Year(s)	<input type="checkbox"/> Thoracic / Open Heart ___Year(s)	

Certification:

BCLS Exp. Date: _____ ACLS Exp. Date: _____

Other (type): _____ Exp. Date: _____

Computerized charting system: _____ Date: _____

Medication administration system: _____ Date: _____

The information I have given is true and accurate to the best of my knowledge. I hereby authorize ProCare One Nurses to release this Surgical Technologist Skills Checklist to their Client facilities in relation to consideration of employment as a nurse with those facilities.

Signature: _____ Date: _____