

## POSTPRIMARY CERTIFICATION CLINICAL EXPERIENCE REQUIREMENTS DAILY WORKSHEET

## **INSTRUCTIONS:**

- 1. You may find it helpful to use this worksheet to track the tests/procedures you've performed before keying them into the online system. We recommend entering them frequently to avoid losing track.
- 2. All postprimary certifications require documentation of the information in all non-shaded boxes. The information in the shaded boxes may or may not be required for your chosen certification. See the Structured Education and Clinical Experience requirements for your discipline for more information.
- 3. You may log the procedure start or end time, as long as you consistently use the same timing for all entries.
- 4. ARRT doesn't accept remote scanning for completion of our clinical requirements. You must:
  - Complete the procedure/examination at the facility where the patient and equipment are located, and
  - Be physically present during the examination or procedure.

DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFEREN	CE INFORMATION OR SCAN ID:	DIAGNOSTIC OR INTERVENTIONAL:		SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFEREN	CE INFORMATION OR SCAN ID:	DIAGNOSTIC OR INTERVENTIONAL:		SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENCE INFORMATION OR SCAN ID:		DIAGNOSTIC OR INTERVENTIONAL:		SIMULATION (SONOGRAPHY):

DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENC	REFERENCE INFORMATION OR SCAN ID:		ERVENTIONAL:	SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENCE INFORMATION OR SCAN ID:		DIAGNOSTIC OR INTERVENTIONAL:		SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENC	REFERENCE INFORMATION OR SCAN ID:		ERVENTIONAL:	SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENC	E INFORMATION OR SCAN ID:	DIAGNOSTIC OR INTERVENTIONAL:		SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENCE INFORMATION OR SCAN ID:		DIAGNOSTIC OR INTERVENTIONAL:		SIMULATION (SONOGRAPHY):
DATE:	TEST OR PROCEDURE PERFORMED:	START TIME:	END TIME:	VERIFIER NAME:
REFERENC	EE INFORMATION OR SCAN ID:	DIAGNOSTIC OR INTI	ERVENTIONAL ·	SIMULATION (SONOGRAPHY):
				SINGLATION (SONOGRAPHI):