Registration Examination for Electroneurodiagnostic Technologists (R. EEG T.) Application Form - 2018

Please read the directions in the HANDBOOK for CANDIDATES carefully before completing this Application.

Name (exactly as it appears on a Government Issued Photo I.D.):

Address:

City: State: Zip:

Country: Telephone Number:

Date of Birth (mm/dd/yyyy):   Email Address:

ELIGIBILITY

☐ **EEG Pathway I – CAAHEP Accredited NDT Program -** Please indicate school and provide documentation.

☐ Alvin Community College - Alvin, TX

☐ Bellevue College - Bellevue, WA

☐ British Columbia Institute of Technology - Burnaby, BC

☐ Carnegie Institute - Troy, MI

☐ Catawba Valley Community College - Hickory, NC

☐ Concorde Career College – San Bernardino, CA

☐ Concorde Career Institute-Arlington – Arlington, TX

☐ Crozer-Chester Medical Center - Chester, PA

☐ Cuyahoga Community College END Program - Parma, OH

☐ Gateway Community College - Phoenix, AZ

☐ Institute of Health Sciences – Hunt Valley, MD

☐ Kirkwood Community College - Cedar Rapids, IA

☐ Laboure College - Boston, MA

☐ LaCite Collegiale – Ottawa, ON

☐ Lincoln Land Community College - Springfield, IL

☐ Mayo School of Clinical Neurophysiology - Rochester, MN

☐ Medical Education and Training Campus (METC) – Ft. Sam Houston, TX

☐ Orange Coast College - Costa Mesa, CA

☐ Pamlico Community College - Grantsboro, NC

☐ Scott Community College - Bettendorf, IA

☐ Southeast Technical Institute - Sioux Falls

☐ Vanderbilt University Medical Center – Nashville, TN

CAAHEP Program Setting: ○ Traditional   ○ Online/Distance

Please indicate your CAAHEP graduation date: _____   (MM/DD/YYYY)

Or have a **current R. EP T./R. E T.**

ABRET R. EP T. Number: Year Credentialed:

C.B.R.E.T. EEG Number: Year Credentialed:

Provide documentation for Canadian Neurodiagnostic Credential)

☐ **EEG Pathway II – Formal END Program -** Please indicate school, supervisor/director's contact information, provide documentation of program completion and 100 EEGs

    ☐ Aga Khan University Hospital – Karachi Pakistan

    ☐ American Institute of Medical Science & Education- New Jersey

    ☐ Boston Children's END Technology Program – Massachusetts

    ☐ Children's of Alabama Neurophysiology Technology Program – Alabama

    ☐ Hartford Community College Electroneurodiagnostic Technology Program – Maryland

    ☐ Indiana University Health Neurophysiology on the Job Training Program – Indiana

    ☐ Lehigh Valley Health Network Neurophysiology Dept. – Pennsylvania

    ☐ Midwestern Career College Electroneurodiagnostic Technology Training Program – Illinois

    ☐ Neurodiagnostic Technical Institute - Florida

    ☐ Texas Children's Hospital Neurodiagnostic Program – Texas

    ☐ University of New Mexico Hospitals EEG Technologists Training Program – New Mexico

☐ **EEG Pathway III – Employed in Neurodiagnostics with Associate's Degree or RPSGT -** Please provide supervisor/director's contact information, documentation for degree/registration, 150 EEGs, and 30 ACE credits.

BACKGROUND

Please provide supervisor/program director's contact information for validation.

_____

Supervisor/Program Director   Telephone   Email

Years of experience in Neurodiagnostics:

○ Less than 1 year

○ 1 to 2 years

○ 3 to 5 years

○ 6 to 10 years

○ More than 10 years

Length of training program:

○ Less than 12 months

○ 12 to 18 months

○ 19 to 24 months

○ Not applicable/Student

Highest Academic Level Attained:

○ GED or equivalent   ○ Master's Degree

○ High School Graduate   ○ Doctorate

○ Vo-tech School Graduate or Associates Degree   ○ Other

○ Bachelor's Degree

EEGs Recorded:

○ Less than 500   ○ 2001 to 5000

○ 500 to 1000   ○ More than 5000

○ 1001 to 2000

EEGs Performed:

○ ALL analog   ○ Both analog and digital but PRIMARILY ANALOG

○ ALL digital   ○ Both analog and digital but PRIMARILY DIGITAL

Indicate any of the following procedures you personally record:

☐ Ambulatory EEG   ☐ Electrocardiograms (ECG)

☐ Evoked Potentials (EP)   ☐ Electronystagmograms (ENG)

☐ Electroretinograms (ERG)   ☐ Epilepsy Monitoring

☐ ICU Monitoring   ☐ Intraoperative monitoring (IOM)

☐ Nerve Conduction Studies (NCS)   ☐ Polysomnograms (PSG)

☐ None of the above

Healthcare Credentials you have earned:

☐ R. EP T.   ☐ CNIM   Other:

☐ R. PSG T.   ☐ R. NCS T.

Are you currently certified, registered, or licensed by another EEG Board?

○ Yes   ○ No

If Yes, indicate organization: [   ]

Have you taken this examination before?

○ Yes   ○ No

If Yes, indicate what month/year: If Yes, under what name was the exam taken:

[   ]   [   ]

Eligibility Questions

Please indicate your answers to the following questions. If you answer yes to ANY question, you must submit a letter of explanation. In your letter, please indicate whether you have reported the information on a previous application. ABRET will review this information and determine whether you are eligible for certification. During this review, your application will be kept on hold:

Have you ever been found to have committed negligence or malpractice in the field of Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

◯ Yes ◯ No

Have you ever had a complaint relating to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring filed against you before a governmental regulatory board or professional organization?

◯ Yes ◯ No

Have you ever had your certificate or license to practice subject to limitation, discipline, revocation, or other sanction (including voluntary limitation) by a governmental regulatory board or professional organization relating to Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

◯ Yes ◯ No

Have you ever been the subject of an investigation by law enforcement for conduct related to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

◯ Yes ◯ No

Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring, or are any such charges pending against you? (These include but are not limited to a felony involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution, or use of a controlled substance.)

◯ Yes ◯ No

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:
- ○ African American
- ○ Asian
- ○ Hispanic
- ○ Native American
- ○ White
- ○ Other

Age Range:
- ○ Under 25
- ○ 25 to 29
- ○ 30 to 39
- ○ 40 to 49
- ○ 50 to 59
- ○ 60+

Gender:
- ○ Male
- ○ Female

COMPLETE ENTIRE APPLICATION BEFORE CONFIRMATION BELOW

Application Agreement

I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the American Board of Registration of Electroencephalographic and Evoked Potential Technologists and its officers, directors, employees, and agents (collectively, "ABRET") to review my application and to determine my eligibility for certification.

I have read and agree to be in compliance with the ABRET Rules including but not limited to those listed in the *Registration Examination for Electroencephalographic Technologists Handbook for Candidates*.

* I acknowledge that I have read the full content of the Application Agreement provided in the *Registration Examination for Electroencephalographic Technologists Handbook for Candidates.* I understand this Application Agreement and agree to its terms in consideration for the opportunity to seek certification from ABRET. If not, please contact the ABRET office at (217) 726-7980.

☐ "I Agree"

* I have read the *Registration Examination for Electroencephalographic Technologists Handbook for Candidates* and understand that I am responsible for knowing its contents.

☐ "I Agree"

_____

Signature   (Date)

PAYMENT

Please note that when you submit this form you are required to submit the $700 EEG exam payment along with the $50 manual application processing fee. Total amount **$750**

Please indicate Payment Type:

☐ Check

☐ Money Order

☐ Visa

☐ MasterCard

If payment is by credit card, please complete the following:
Name (as it appears on card):

Address (as it appears on billing statement):

City:	State:	Zip:

Country:

Card #:	CVV:	Expiration Date:

_____

Signature   (Date)

NOTE
All candidates must provide proof of hands-on CPR/BLS training. **A copy of your current CPR card or official documentation must accompany the Application.**

Please submit your application along with any additional required documentation to the ABRET office.

In 2017, ABRET moved to onDemand Testing. This means there will be no more application deadline dates or Testing Windows. Candidates will have 3 months to take their exam. If they do not test there is no refund or transfers.

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