

## Registration Examination for Electroneurodiagnostic Technologists – (R. EEG T.) Application Form

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:

Date of Birth (mm/dd/yyyy):

Telephone Number:

Email Address:

**Testing Window:**

**EEG Exam:**

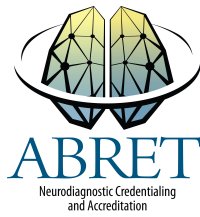
November 29-  
December 13, 2014  
  
March 7-21, 2015  
  
June 6-20, 2015  
  
October 17-31, 2015

Part I  
  
Part II or  
Recertification

### **ELIGIBILITY**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Alvin Community College - Alvin, TX<br><input type="checkbox"/> Bellevue College - Bellevue, WA<br><input type="checkbox"/> British Columbia Institute of Technology - Burnaby, BC<br><input type="checkbox"/> Carnegie Institute - Troy, MI<br><input type="checkbox"/> Catawba Valley Community College - Hickory, NC<br><input type="checkbox"/> Concorde Career Institute-Arlington – Arlington, TX<br><input type="checkbox"/> Crozer-Chester Medical Center - Chester, PA<br><input type="checkbox"/> Cuyahoga Community College END Program - Parma, OH<br><input type="checkbox"/> DeVry University - North Brunswick, NJ<br><input type="checkbox"/> Erwin Technical Center - Tampa, FL<br><input type="checkbox"/> Gateway Community College - Phoenix, AZ<br><input type="checkbox"/> Harcum College - Bryn Mawr, PA<br><input type="checkbox"/> Indiana University Health - Indianapolis, IN<br><input type="checkbox"/> Institute of Health Sciences – Hunt Valley, MD<br><input type="checkbox"/> Kirkwood Community College - Cedar Rapids, IA | <input type="checkbox"/> Laboure College - Boston, MA<br><input type="checkbox"/> LaCite Collegiale – Ottawa, ON<br><input type="checkbox"/> Lincoln Land Community College - Springfield, IL<br><input type="checkbox"/> Mayo School of Clinical Neurophysiology - Rochester, MN<br><input type="checkbox"/> McLennan Community College - Waco, TX<br><input type="checkbox"/> Medical Education and Training Campus (METC) – Ft. Sam Houston, TX<br><input type="checkbox"/> Minneapolis Community & Technical College - Minneapolis, MN<br><input type="checkbox"/> Niagara County Community College - Sandborn, NY<br><input type="checkbox"/> Niagara County Community College - Sandborn, NY<br><input type="checkbox"/> Orange Coast College - Costa Mesa, CA<br><input type="checkbox"/> Pamlico Community College - Grantsboro, NC<br><input type="checkbox"/> Scott Community College - Bettendorf, IA<br><input type="checkbox"/> Southeast Technical Institute - Sioux Falls<br><input type="checkbox"/> Vanderbilt University Medical Center – Nashville, TN<br><input type="checkbox"/> Western Technical College - La Crosse, WI |
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**EEG Application Form - Continued**

CAAHEP Program Status:

- Graduate (submit certificate/diploma)
- Student (complete program director contact information)

CAAHEP Program Setting:

- Traditional
- Online/Distance

Please indicate your CAAHEP graduation or anticipated 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

- Alpha Neuroscience Institute – Michigan
- Aga Khan University Hospital – Karachi Pakistan
- Indiana University Health Neurophysiology On the Job Training Program – Indiana
- Texas Children’s Hospital Neurodiagnostic Program - Texas

**EEG Pathway III – Employed in Neurodiagnostics with Associate’s Degree or RPSGT -**

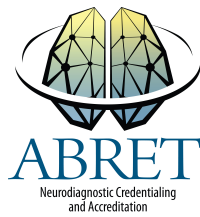
Please provide supervisor/director’s contact information, documentation for degree/registration, 150 EEGs, and 30 ACE credits.

**EEG Pathway IV – Employed in Neurodiagnostics** - Please provide supervisor/director’s contact information, 200 EEGs, and 60 ACE credits.

Please provide supervisor/program director’s contact information for validation of your 6 months in CAAHEP program, Formal END Program completion, or required minimum (1 or 2 years) clinical EEG experience in electroneurodiagnostic

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Supervisor/Program Director	Telephone	Email
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## EEG Application Form - Continued

### **BACKGROUND**

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
- High School Graduate
- Vo-tech School Graduate or Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Other

EEGs Recorded:

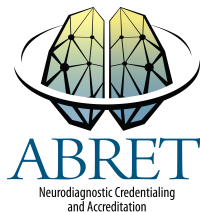
- Less than 500
- 500 to 1000
- 1001 to 2000
- 2001 to 5000
- More than 5000

EEGs Performed:

- ALL analog
- ALL digital
- Both analog and digital but PRIMARILY ANALOG
- 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



**EEG Application Form - Continued**

Healthcare Credentials you have earned:

- R. EP T.
- CNIM
- R. PSG T.
- R. NCS T.

Other:

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**

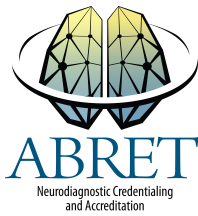
Please indicate your answers to the following questions. If you answer yes to ANY question, you must submit a letter of explanation. In your letter, please indicate whether you have reported the information on a previous application. ABRET will review this information and determine whether you are eligible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



## EEG Application Form - Continued

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:

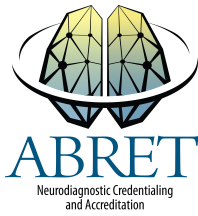
- African American  
 Asian  
 Hispanic  
 Native American  
 White  
 Other

Age Range:

- Under 25  
 25 to 29  
 30 to 39  
 40 to 49  
 50 to 59  
 60+

Gender:

- Male  
 Female



## EEG Application Form - Continued

### 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"

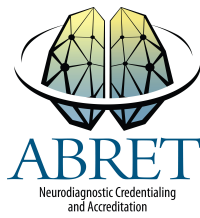
\* I have read the *Registration Examination for Electroencephalographic Technologists Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

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Signature

(Date)



## EEG Application Form - Continued

### **PAYMENT**

Please note that when you submit this form you are required to submit the **\$350 EEG exam payment** along with the **\$50 manual application processing fee**. Total amount **\$400**

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:

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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 by the application deadline date.

**ABRET Executive Office  
2908 Greenbrair, Suite A  
Springfield, IL 62704  
FAX (217) 726-7989**