

EVOKED POTENTIAL DOCUMENTATION FORM

Fill out the form to log your required clinical EP studies (25), have supervisor sign, and upload to Credential Manager. Cases must have been recorded within the last 5 years by the applicant, with 10 being recorded within the last 12 months. Cases performed in the Operating Room may not be counted.

CANDIDATE NAME:

NO	Date of Recording/ Initials of Pt.	Hospital/Clinic Office name & phone number	Modality Recorded	Reading Physician	Indications for recording
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

9/15



I certify that the information provided is true and accurate. Random auditing will be conducted by ABRET.

Submit completed form with your application.

*****All form pages must be signed*****

Signature of Medical Director or Supervisor Date

Print Name Clearly Phone # Email page ____ of ____

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21					
22					
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24					
25					

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Collecting Evoked Potential Studies for R. EP T. examination eligibility

ABRET does not stipulate who the EPs are performed on, whether patients or volunteers. They only have an interest in knowing the candidate is able to perform clinical evoked potential studies outside the OR. It is desirable that all R. EP T.s are able to apply electrodes, stimulate appropriately, obtain and identify waveforms for routine clinical EPs. Since EP studies performed on volunteers are not read by a physician, we will require that a clinical neurophysiologist or physician initial a printout of the study signifying that the study was interpretable and waveforms marked correctly. These should be maintained by the candidate until the credential has been awarded.