

Application for Programmatic Recognition

Use this form if you have a structured* or formal training program in neurodiagnostics and would like your students to be considered eligible for the ABRET EEG credentialing examinations.

Required Standards

- I. Program must be structured and encompass both didactic and clinical instruction.
- II. Program must not be less than 12 months in duration.
- III. Program Coordinator/Primary Instructor must be an R. EEG T.
- IV. Primary Clinical Instructor must have an R. EEG T.
- V. Minimum of 500 documented EEG clinical contact/activity hours (For example, Record Review, Patient contact, Grand Rounds, Lab hours.)
- VI. An evaluation process must be in place to establish students' progress.
- VII. There must be a record of students completing the program and/or students currently enrolled in the program.

Approved programs will have provided complete and accurate information that demonstrate required standards are being met. The committee is concerned that programs provide structured didactic education and clinical practice opportunities that enable students to learn EEG concepts and participate in clinical practice. This is not an outcomes-based assessment although statistics will play a part in the evaluation of Pathway II EEG Eligibility.

*Structured is defined as organized learning that has defined class work, core instruction, an evaluation process for students and clinical hands-on learning. On the job training is NOT considered structured learning.

Approval as a Recognized Program for ABRET EEG Eligibility Pathway II is NOT to be considered equivalent to programmatic accreditation. ABRET encourages all formal neurodiagnostic training programs to strive for CAAHEP accreditation. With ongoing quality assurance, CAAHEP accreditation demonstrates the program is in substantial compliance with nationally vetted standards and employs best practices in educating

neurodiagnostic technologists. Students and Graduates of CAAHEP accredited programs can apply for the ABRET EEG examination using Pathway I which expedites access to the credentialing examinations.

PROGRAM DEMOGRAPHICS

Date:		
Program Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail Address:	
Hospital Affiliation/Sponsorship:		
Program Coordinator/Primary Instructor:		
Phone:	E-mail Address:	
Medical Director:		

Name and contact information of person completing this application (if different from above)	
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STANDARDS I-II Program Structure and History	
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Do you have regularly scheduled didactic (classroom) training? How many hours a week?	
What is the length of the training program?	
How long has this program been in existence?	
How many students are currently enrolled in your program?	

STANDARD III Program Coordinator/Primary Instructor				
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Name	Highest Degree/ Credentials	Provides Clinical Instruction	Provides Didactic Instruction	Years of experience in Neurodiagnostics or field of expertise.

What do you feel qualifies you to teach?
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STANDARD IV Clinical Instructors/Other Faculty				
Denote the Primary Clinical Instructor-The R. EEG T. who has oversight for students' clinical instruction and evaluation.				
Name(s) (add lines if necessary)	Degree/ Credentials	Provides Clinical Instruction	Provides Didactic Instruction	Years of experience in Neurodiagnostics or field of expertise.

Program Attributes

Standard V Clinical Instruction	Yes	No If no, why not?
Do you have clinical training with supervision? How many hours a week?		
Do students have formal record review sessions scheduled with the Medical Director? How many hours a month?		

**Standard VI
Organization and Support**

Include the following exhibits.

- A. Brief description of the program.
- B. Has your program considered CAAHEP accreditation? Why or why not?
- C. Curriculum
- D. Calendar of classroom and clinical practice requirements.
- E. Clinical competencies each student must meet by the end of training.
- F. List of textbooks/scholarly literature used for each course.
- G. Letter of support for the program from administration.
- H. Letter of support from the program from the Medical Director.

Standard VII Evaluation and Outcomes	Yes	No If no, why not?
Are students evaluated and graded?		
By the end of training, are students able to record EEGs independently?		
Do students take a final examination?		
Is a transcript provided?		
How many students have successfully completed the program?		
How many graduates have earned ABRET credentials?		

Current Student Technologists

Name	Degree(s)/ Credential(s)	Date training started	Expected date of completion	Number of EEGs/EPs at time of application

Instructions

Submit the application document and exhibits in electronic format, along with a one-time non-refundable \$300.00 fee, payable to ABRET, to:

Program Evaluation Committee
c/o Lynn Bragg
2945 Clearview NW
Canton, OH 44718

Or email a PDF to lynn@abret.org

Questions should be emailed to lynn@abret.org

The program coordinator will be contacted if the reviewers have questions or require additional documentation. Please allow six weeks for completion of the review.

A brief Annual Report and a \$100 maintenance fee will be due each year