

**Registration Examination for Evoked Potential Technologists – (R. EP 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:

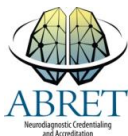
**Testing Window:**

- March 7-21, 2015
- June 6-20, 2015
- October 17-31, 2015

**ELIGIBILITY**

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

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



## EP Application Form - Continued

CAAHEP Program Setting:

- Traditional                       Online/Distance

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

Or have a current R. EEG T./R. E T.

ABRET R. EEG T. Number:              Year Credentialed:

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

(Provide documentation for Canadian Neurodiagnostic Credential)

- EP Pathway II – Associate Degree or Higher** (Provide documentation for degree)

Please provide supervisor contact information for validation of your 2 years experience in electroneurodiagnostics.

Name:

Telephone Number:

Email Address:

or

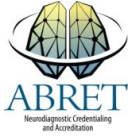
- Recertification**

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## **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



## EP Application Form - Continued

Percent of working time currently spent in Evoked Potentials:

- Less than 25%
- 25% to 75%
- More than 75%

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

Evoked Potential Examinations Recorded:

- Less than 200
- 201 to 500
- 501 to 1000
- More than 1000

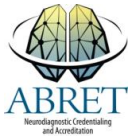
Indicate any of the following procedures you personally record:

- Visual
- Somatosensory lower extremity
- Intraoperative Monitoring
- Electroretinography
- ICU Monitoring
- Somatosensory upper extremity
- Brainstem auditory
- P300 or cognitive
- Epilepsy Monitoring
- Other

Healthcare Credentials you have earned:

- R. EEG T.
- CNIM
- CLTM
- R. PSG T.
- R. NCS T.

Other:



### EP Application Form - Continued

Are you currently certified, registered, or licensed by another organization?

- 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

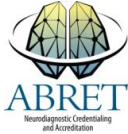
Have you ever had your certificate or license to practice subject to limitation, discipline, revocation, or other sanction (including voluntary limitation) by a governmental regulatory board or professional organization relating to Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative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



**EP Application Form - Continued**

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

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**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 Evoked Potentials Handbook for Candidates*.

\* I acknowledge that I have read the full content of the Application Agreement provided in the *Registration Examination for Evoked Potentials 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"

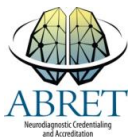
\* I have read the *Registration Examination for Evoked Potentials Handbook for Candidates* and understand that I am responsible for knowing its contents.

- "I Agree"

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Signature

(Date)



### EP Application Form - Continued

#### **PAYMENT**

Please note that when you submit this form you are required to submit the **\$350 EP 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 Greenbriar, Ste A  
Springfield, IL 62704  
FAX (217) 726-7989**