

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:

March 5-19, 2016

June 4-18, 2016

October 15-29, 2016

EEG Exam:

Part I

Part II /

Recertification

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

Community College of Denver – Denver, CO

Concorde Career College – San Bernardino, CA

Concorde Career Institute-Arlington – Arlington, TX

Concorde Career Institute-Orlando – Orlando, FL

Crozer-Chester Medical Center - Chester, PA

Cuyahoga Community College END Program - Parma, OH

DeVry University - North Brunswick, NJ

Erwin Technical Center - Tampa, FL

Gateway Community College - Phoenix, AZ

Harcum College - Bryn Mawr, PA

Indiana University Health - Indianapolis, IN

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

McLennan Community College - Waco, TX

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

Minneapolis Community & Technical College - Minneapolis, MN

Naval School of Health and Sciences - Bethesda, MD

Niagara County Community College - Sandborn, NY

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

Western Technical College - La Crosse, WI



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

American Institute of Medical Sciences & Education - New Jersey

Indiana University Health Neurophysiology On the Job Training Program - Indianapolis

University of New Mexico Hospitals EEG Technologists Training Program - Albuquerque

Texas Children's Hospital Neurodiagnostic Program - Houston

Neurodiagnostic Technology - Orlando

Alpha Neuroscience Institute

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 electroneurodiagnostics.

Supervisor/Program Director

Telephone

Email



EEG Application Form - Continued

BACKGROUND

Years of experience in Neurodiagnostics:

- | | |
|------------------|--------------------|
| Less than 1 year | 6 to 10 years |
| 1 to 2 years | More than 10 years |
| 3 to 5 years | |

Length of training program:

- | | |
|---------------------|------------------------|
| Less than 12 months | 19 to 24 months |
| 12 to 18 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 | |



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:

Age Range:

Gender:

African American

Under 25

Male

Asian

25 to 29

Female

Hispanic

30 to 39

Native American

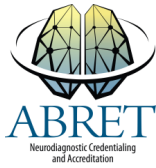
40 to 49

White

50 to 59

Other

60+



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"

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:

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
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Springfield, IL 62704
Ph. (217) 726-7980
Fax (217) 726-7989