## EEG DOCUMENTATION FORM

Fill out the form completely.

Candidate must be present and an active participant in the set-up and recording.

ABRET will accept up to three EEGs per day.

NO.	DATE	HOSPITAL/CLINC	READING	TYPE OF	LENGTH OF	ADDITIONAL
	of	OFFICE NAME &	PHYSICIAN	RECORDING	RECORDING	MONITORS
	RECORDING	PHONE NUMBER		(Routine, Bedside,		
				etc)		
cented I	EEGs must be routine	recordings. No Long Term	Monitoring studies Amb	ulatory or Surgical Monitor	ring cases unless a ro	utine FFG is recording as

Accepted EEGs must be routine recordings. No Long Term Monitoring studies, Ambulatory or Surgical Monitoring cases unless a routine EEG is recording as a baseline. A routine EEG must be a minimum of 20 minutes in length, include montage changes, activation, appropriate instrument settings/changes and additional monitors, if necessary. 25% of EEGs should be completed within 12 months of the eligibility deadline.

I certify that the information provided is true and accurate on all

pages to be submitted.



CANDIDATE NAME:			
Signature of Supervisor	Date	page	of
Print Name	Phone #	Supervisor Email Address	_

Submit completed form with your application.

Random auditing will be conducted by ABRET.