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 |
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| | I certify that the information provided is true a Random auditing will be conducted by ABRET | | Submit completed form with your application. | |
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| ABRET Neurodiagnostic Credentialing and Accreditation | Signature of Medical Director or Supervisor | Date | ***All form pag | ges must be signed*** |
| | Print Name Clearly | Phone # | Email | page of |

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| | I certify that the information provided is true and accurate. Random auditing will be conducted by ABRET. | Submit completed form with your application. | | |
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Phone #

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