

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

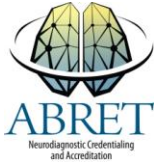
EEG Exam:

- Written Part I
or
- Written Part II/
Recertification

ELIGIBILITY

EEG 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 | |



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

- Alpha Neuroscience Institute – Michigan Aga Khan University Hospital – Karachi Pakistan
 Indiana University Health Neurophysiology On the Job Training Program – Indiana
 Texas Children's Hospital Neurodiagnostic Program – Texas
 University of New Mexico Hospitals EEG Technologists Training Program – New Mexico

- 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.

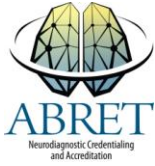
- EEG Pathway IV – Employed in Neurodiagnostics** - Please provide supervisor/director's contact information, 200 EEGs, and 60 ACE credits.

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 electroneurodiagnostic

Supervisor/Program Director

Telephone

Email



EEG Application Form - Continued

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

Length of training program:

- Less than 12 months
- 12 to 18 months
- 19 to 24 months
- Not applicable/Student

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

EEGs Recorded:

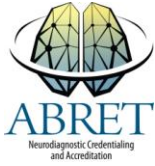
- Less than 500
- 500 to 1000
- 1001 to 2000
- 2001 to 5000
- More than 5000

EEGs Performed:

- ALL analog
- ALL digital
- Both analog and digital but **PRIMARILY ANALOG**
- Both analog and digital but **PRIMARILY DIGITAL**

Indicate any of the following procedures you personally record:

- Ambulatory EEG
- Evoked Potentials (EP)
- Electroretinograms (ERG)
- ICU Monitoring
- Nerve Conduction Studies (NCS)
- None of the above
- Electrocardiograms (ECG)
- Electronystagmograms (ENG)
- Epilepsy Monitoring
- Intraoperative monitoring (IOM)
- Polysomnograms (PSG)



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

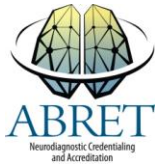
Please indicate your answers to the following questions. If you answer yes to ANY question, you must submit a letter of explanation. In your letter, please indicate whether you have reported the information on a previous application. ABRET will review this information and determine whether you are eligible 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:

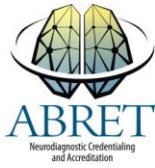
- African American
- Asian
- Hispanic
- Native American
- White
- Other

Age Range:

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

Gender:

- Male
- Female



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.

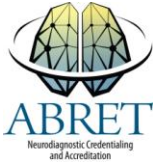
"I Agree"

* 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
2908 Greenbrair, Suite A
Springfield, IL 62704
FAX (217) 726-7989**