CLTM® DOCUMENTATION FORM
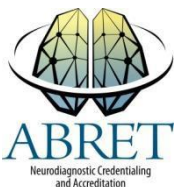
Fill out the form to log your required Long Term Cases (50), have supervisor sign, and upload to ABRET Credential Manager. ABRET will accept up to three LTM cases per day. A patient may only be counted once during each admission. No more than10% of cases submitted (5) may be ambulatory recordings. Cases must have been monitored within the last 5 years, with 10% (5) within the last 12 months.

NAME of TECHNOLOGIST:

NO	Date of Recording/ Initials of Pt.	Type of Recording/ ICU/EMU/AMB	Reading Physician	Indications for recording	Length of Recording/ min of 12 hours	Tasks Performed

I certify that the information provided is true and accurate.

Submit completed form with your application.
Random auditing will be conducted by ABRET.
All form pages must be signed

_____

*Signature of Medical Director or Supervisor   Date

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_____

Print Name Clearly   Phone #   Email

*Supervisor is expected to be in authority over candidate and able to verify submitted LTMs