**Registration Examination for Evoked Potential Technologists – (R. EP 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: |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| Telephone Number: |
|  |
| Email Address: |
|  |

Country:



Date of Birth (mm/dd/yyyy):



**ELIGIBILITY**

**EP Pathway I – CAAHEP Accredited END 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   
 Concorde Career College – San Bernardino, CA

 Concorde Career Institute-Arlington – Arlington, TX

 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

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

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

 Minneapolis Community & Technical College - Minneapolis, MN

 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

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)

**EP Application Form - Continued**

Or have a current R. EEG T./R. E T.

| R. EEG T. Number: | Year Credentialed: |
| --- | --- |
| C.B.R.E.T. EEG Number: | Year Credentialed: |

(Provide documentation for Canadian Neurodiagnostic Credential)

**EP Pathway II – Associate Degree or Higher** (Provide documentation for degree, 25 EP cases, 30 hours education in EP or NIOM)



Please provide supervisor contact information for validation of your 2 years experience in electroneurodiagnostics.

|  |
| --- |
| Name: |
| Telephone Number: |
| Email Address: |

or applying for **Recertification** of current R. EP T.



**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  
  
Percent of working time currently spent in Evoked Potentials:



Less than 25% 25% to 75% More than 75%



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

Evoked Potential Examinations Recorded:

Less than 200 501 to 1000  
201 to 500 More than 1000



**EP Application Form - Continued**

Indicate any of the following procedures you personally record:

Visual Somatosensory upper extremity  
 Somatosensory lower extremity Brainstem auditory  
 Intraoperative Monitoring P300 or cognitive  
 Electroretinography Epilepsy Monitoring  
 ICU Monitoring Other



Healthcare Credentials you have earned:

|  |
| --- |
| R. EEG T. CNIM  CLTM R. PSG T. R. NCS T. |
| Other: |

Are you currently certified, registered, or licensed by another organization?

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

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

**EP Application Form - Continued**

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+

**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 Evoked Potentials Handbook for Candidates*.

\* I acknowledge that I have read the full content of the Application Agreement provided in the *Registration Examination for Evoked Potentials 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 Evoked Potentials Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

Signature (Date)

**EP Application Form - Continued**

**PAYMENT**   
Please note that when you submit this form you are required to submit the $400 EP exam payment along with the $50 manual application processing fee. Total amount **$450**

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 and official documentation must accompany the Application along with payment.**

Please submit your application along with any additional required documentation to the ABRET office.

In 2017, ABRET will be moving to onDemand Testing. This means there will be no more application deadline dates or Testing Windows.  Candidates will have 3 months to take their exam.  If they do not test there is no refund or transfers.

**ABRET Executive Office**

**2908 Greenbriar, Ste A**

**Springfield, IL 62704**

**FAX (217) 726-7989**