# EEG DOCUMENTATION FORM

***Fill out the form completely. 8/18***

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

***ABRET will accept up to three EEGs per day.***

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| **NO.** | **DATE****of RECORDING** | **HOSPITAL/CLINC OFFICE NAME & PHONE NUMBER** | **READING PHYSICIAN** | **TYPE OF RECORDING****(Routine, Bedside, etc)** | **LENGTH OF RECORDING** | **ADDITIONAL MONITORS** |
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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. EEGs must be within the last 5 years with 25% of EEGs completed within 12 months of application.

## I certify that the information provided is true and accurate on all pages to be submitted. Random auditing will be conducted by ABRET.CANDIDATE NAME:

***\*Signature of Supervisor Date page of***

***Print Name Phone # Supervisor Email Address***

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