# EEG DOCUMENTATION FORM

**Candidate must be present and an active participant in the set-up and recording. ABRET will accept up to three EEGs per day.** Accepted EEGs must be routine recordings. No Long Term Monitoring or Ambulatory 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. Each patient must have been measured and electrodes applied according to the International 10/20 System of Measurement. EEGs must be within the last 5 years with 25% of EEGs completed within 24 months of application.

**NAME of TECHNOLOGIST**:

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| **NO.** | **DATE****of RECORDING** | **HOSPITAL/CLINIC OFFICE NAME & PHONE NUMBER** | **READING PHYSICIAN** | **TYPE OF RECORDING (Routine, Bedside, etc.)** | **LENGTH OF RECORDING** |
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## A picture containing text, clipart  Description automatically generatedI 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 page of***

***Print Medical Director/Supervisor Name Phone # Email 07/22***

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