

THE AMERICAN BOARD OF  
REGISTRATION OF  
ELECTROENCEPHALOGRAPHIC AND  
EVOKED POTENTIAL  
TECHNOLOGISTS, INC.

*HANDBOOK FOR CANDIDATES*

*ORAL AND PRACTICAL ELECTROENCEPHALOGRAPHIC  
EXAMINATION*



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## GENERAL INFORMATION

The American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc. (ABRET®) was founded in 1964. The Board consists of thirteen members and is comprised of physicians and ABRET® registered and certified personnel, and a public member. The Board supports the concept of voluntary certification by examination in EEG technology for health care professionals. Certification focuses specifically on the individual and is an indication of current knowledge and skills in EEG technology. Eligible candidates successfully completing the written and oral/practical examination are designated Registered Electroencephalographic Technologists and are permitted to use the credential R. EEG T.®, and receive a Certificate of Registration from ABRET. Possession of other neurodiagnostic registration or certification, national or international, do not fulfill ABRET certification requirements, consequently, the R. EEG T. title is reserved only for those who successfully complete the ABRET certification exam. In addition, ABRET does not warrant the day-to-day activities of those certified.

The American Board of Registration of Electroencephalographic and Evoked Potential Technologists, Inc. does not discriminate on the basis of age, sex, race, religion, national origin, marital status, or handicapping condition.

### *OBJECTIVES OF THE AMERICAN BOARD OF REGISTRATION OF ELECTROENCEPHALOGRAPHIC AND EVOKED POTENTIAL TECHNOLOGISTS*

TO ESTABLISH STANDARDS FOR REGISTRATION OF ELECTROENCEPHALOGRAPHIC TECHNOLOGISTS BY:

1. Providing a standard of requisite knowledge in EEG technology required for certification, through a Practice Analysis.
2. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Registration of Electroencephalographic and Evoked Potential Technologists and pass the Registration Examination for Electroencephalographic Technologists.
3. Encouraging continued professional growth in EEG technology.
4. Establishing and measuring the level of knowledge required for certification in EEG technology by means of an objective written examination and an oral and practical examination.

## ENDORSEMENT/SPONSORSHIP DISCLAIMER

ABRET recognizes the American Society of Electroneurodiagnostic Technologists, Inc. (ASET) as a leader in electroneurodiagnostic technology, as a resource for educational materials in electroneurodiagnostics, and as the premier membership organization for the profession. ABRET does not sponsor or endorse specific educational courses, workshops, or materials for board preparation prepared by a third party. However, ABRET does acknowledge that meetings, workshops, and other educational tools are valuable methods of study for the candidate.

## ELIGIBILITY REQUIREMENTS FOR THE ORAL/PRACTICAL EXAMINATION

Candidates who have successfully completed the written examination are eligible to take the oral and practical examination. An application for the oral/practical exam, which includes dates and examination sites, and outlines for the Measurement and Electrode Application, Record Review, and Recording Concepts sections is sent by the ABRET Executive Director to candidates who pass the written exam within one month of receipt of written examination results. Subsequent applications may be requested by writing or calling the Executive Director.

The oral/practical exam must be started within two years of successful completion of the written exam, and must be successfully completed within five years of passing the written exam. If the oral/practical exam is not successfully completed within five years, the candidate must restart the examination process by retaking the written exam.

In exceptional cases, a one year extension may be granted by ABRET upon petition by the candidate to the ABRET President. Request for extension should include the reason an extension is necessary. Further documentation may be requested by ABRET.

## APPLICATION PROCEDURE

The Executive Director sends oral exam information to all candidates passing the written exam within six weeks of notification of results.

Candidates may obtain applications on line or by contacting the Executive Office.

There are limited openings at each examination site. Therefore, application should be made early. Applications are processed on a first come, first serve basis by the post mark date stamped on the envelope. Only credit card applications are accepted by FAX.

Applicants may wish to designate a second choice of examination site on the application in case the first choice is full. Applicants are placed on a waiting list if their first choice site is full. The candidate's payment will not be processed until he/she is accepted into an exam site.

The candidate is notified in writing of the confirmed examination site within one month of application and fee receipt. Applicants on a waiting list are called by the Executive Director and given the opportunity to be placed at the exam site, if an opening occurs. If the applicant is unable to be placed in an exam, the application and fee are returned, unless a second exam choice was designated on the application.

The examination consists of three sections: Measurement and Electrode Application, Record Review, and Recording Concepts. Candidates must take all three parts when taking the oral/practical exam for the first time. Thereafter, candidates repeat only the parts failed. The fee schedule is listed on the application. **Checks should be made payable to ABRET. ABRET accepts bank money orders or checks. In addition, MasterCard and Visa are accepted. The credit card processing form must accompany credit card applications. If exam fees are being charged, the application may be faxed or the candidate may apply on line through the ABRET website. All other forms of payment must be sent by mail.**

## EXAMINATION

The Executive Director sends the candidate confirmation into an examination site. In addition to the confirmation letter, the candidate will receive an informational sheet. The informational sheet provides the candidate with examination site location, hotel information if available. ABRET strives to provide concise and accurate information to the examination site, as provided by the exam host. It is advisable that candidates locate the site in advance of the exam, or allow plenty of time to find the exam site. **ABRET does not provide transportation to the exam site. It is the candidate's responsibility to check into various modes of transportation and make his/her arrangements.**

At least six weeks before the examination the candidate receives a schedule for the examination. The schedule includes the date and times of the exam in addition to the time the candidate should report to the examination site. **Candidates are examined on half of one of the two days listed for the exam—not on both days.** A Candidate Identification Sheet is included with the schedule and should be **completed by the candidate before reporting to the examination site**, including appropriate signatures. Candidates must secure a photo to the ID sheet. **This identification sheet is the candidate's admission to the examination. Incomplete ID forms may delay exam results. Please do not come to the exam asking for staff to copy your driver's license as your ID. These should be completely prepared prior to you checking into the examination.**

ABRET requires candidates to dress professionally for the exam, i.e., **no jeans, shorts, or tank tops.** In addition, professional conduct is expected from the candidate, for example, inappropriate language or actions during the examination are not acceptable. Candidates are guests at the host site and will be asked to leave if behavior becomes inappropriate or offensive.

## ELECTROENCEPHALOGRAPHIC TECHNOLOGY PRACTICE ANALYSIS

This Document represents a delineation of the tasks (T) performed and knowledge (K) applied by electroencephalographic technologists in the practice of their profession in all clinical settings. This practice takes place in the context of their unwavering commitment to patient care and safety and their adherence to the highest principles of ethical behavior.

### (25%) Domain I – Pre-Study Procedures

- T-1 Obtain patient health information and additional information from medical records and patient/caregivers in order to plan recording strategies and avoid adverse effects

The safe and effective performance of this task requires knowledge of:

- K-1 Elements of a patient history  
K-2 Medical terminology  
K-3 Effects of medications on patients and recordings

- K-4 Neurological Disorders (e.g. seizures, tumors, vascular disease)
- K-5 Psychiatric Disorders
- K-6 Toxic/metabolic and infectious diseases
- K-7 Head trauma
- K-8 Neuroanatomy
- K-9 Medical contraindications to activation procedures
- K-10 Electrographic correlates to clinical entities
- K-12 HIPAA standards
- K-43 Neuroimaging and other diagnostic procedures
- K-44 Allergies and sensitivities (e.g., latex, tape)

T-2 Explain the testing procedure to patient/caregivers in a manner consistent with their ability to understand in order to establish rapport and elicit cooperation.

The safe and effective performance of this task requires knowledge of:

- K-13 Components of an EEG procedure
- K-14 Age-specific criteria
- K-15 Techniques for establishing rapport
- K-16 Cognitive limitations

(60%) Domain II - Performing the EEG Study

T-1 Prepare the patient

- A. Measure and mark the patient's head to determine the electrode sites
- B. Prepare the sites for electrode placements in order to reduce impedance
- C. Securely apply the electrodes
- D. Check impedance to ensure electrode integrity

The safe and effective performance of this task requires knowledge of:

- K-8 Neuroanatomy
- K-14 Age-specific criteria
- K-15 Techniques for establishing rapport
- K-16 Cognitive limitations
- K-17 Electrode placement (i.e., 10-20, T1, T2)
- K-18 Metric system
- K-19 Infection control
- K-20 Conditions affecting impedance
- K-21 Electrode application techniques (e.g. paste, collodion, needle electrodes)
- K-22 MSDS/OSHA standards
- K-23 Characteristics of the differential amplifier (e.g. polarity, CMRR)
- K-24 Range of standard impedance values
- K-44 Allergies and sensitivities (latex, tape)

T-2 Perform the EEG study according to ACNS Guidelines while ensuring the integrity of the data and equipment

The safe and effective performance of this task requires knowledge of:

- K-1 Elements of a patient history
- K-2 Medical terminology
- K-3 Effects of medications on patients and recordings
- K-4 Neurological Disorders (e.g. seizures, tumors, vascular disease)
- K-5 Psychiatric Disorders
- K-6 Toxic/metabolic and infectious diseases
- K-7 Head trauma
- K-8 Neuroanatomy

- K-9 Medical contraindications to activation procedures
- K-10 Electrographic correlates to clinical entities
- K-14 Age-specific criteria
- K-16 Cognitive limitations
- K-20 Conditions affecting impedance
- K-23 Characteristics of the differential amplifier (e.g. polarity, CMRR)
- K-25 ACNS Guidelines
- K-26 Troubleshooting techniques
- K-27 Activation procedures
- K-28 Artifact monitoring, identification, and elimination
- K-29 EEG patterns
- K-30 Effects of instrument settings (e.g. filters, display gain, epoch)
- K-33 Digital instrumentation concepts (e.g. reformatting, sampling rate, video, calibration, post-acquisition review)
- K-40 Waveform analysis (e.g., frequency, duration, voltage)

T-3 Modify or adjust the recording strategy and/or instrument parameters based on the technologist's evaluation of recorded data to ensure a complete, comprehensive and technically satisfactory study

The safe and effective performance of this task requires knowledge of:

- K-1 Elements of a patient history
- K-2 Medical terminology
- K-3 Effects of medications on patients and recordings
- K-4 Neurological Disorders (e.g. seizures, tumors, vascular disease)
- K-5 Psychiatric Disorders
- K-6 Toxic/metabolic and infectious diseases
- K-7 Head trauma
- K-8 Neuroanatomy
- K-9 Medical contraindications to activation procedures
- K-10 Electrographic correlates to clinical entities
- K-14 Age-specific criteria
- K-16 Cognitive limitations
- K-17 Electrode placement (i.e., 10-20, T1, T2)
- K-20 Conditions affecting impedance
- K-23 Characteristics of the differential amplifier (e.g. polarity, CMRR)
- K-25 ACNS Guidelines
- K-26 Troubleshooting techniques
- K-27 Activation procedures
- K-28 Artifact monitoring, identification, and elimination
- K-29 EEG patterns
- K-30 Effects of instrument settings (e.g. filters, display gain, epoch)
- K-31 Polarity and localization techniques
- K-32 Montage modifications
- K-33 Digital instrumentation concepts (e.g. reformatting, sampling rate, video, calibration, post-acquisition review)
- K-37 Electrical safety techniques
- K-40 Waveform analysis (e.g., frequency, duration, voltage)

T-4 Document patient behavior and clinical events to provide additional information for the interpretation

The safe and effective performance of this task requires knowledge of:

- K-34 Significant patient behaviors and clinical events (e.g. changes in level of consciousness, body movements, episodes)

(10%) **Domain III - Post-Study Procedures**

T-1 Remove the electrodes, clean the electrode sites and clean and disinfect electrodes and equipment

The safe and effective performance of this task requires knowledge of:

- K-19 Infection control
- K-22 MSDS/OSHA standards

T-2 Process acquired data

The safe and effective performance of this task requires knowledge of:

- K-12 HIPAA Standards
- K-34 Significant patient behaviors and clinical events (e.g. changes in level of consciousness, body movements, episodes)
- K-42 Media management (copy, storage, archive, etc.)

T-3 Ensure that scheduled maintenance of equipment is performed

The safe and effective performance of this task requires knowledge of:

- K-25 ACNS Guidelines

(5%) **Domain IV - Ethics and Professional Issues**

T-1 Conduct practice in a manner consistent with the ABRET Code of Ethics, professional standards and national regulations

The safe and effective performance of this task requires knowledge of:

- K-35 The ABRET Code of Ethics

T-2 Ensure patient safety

The safe and effective performance of this task requires knowledge of:

- K-19 Infection control
- K-22 MSDS/OSHA standards
- K-36 National Patient Safety Goals
- K-37 Electrical safety techniques
- K-39 Seizure precautions
- K-44 Allergies and sensitivities (latex, tape)

## EXAM OUTLINES

### MEASUREMENT AND ELECTRODE APPLICATION

Revised 3/11

The expectations for safe and effective performance of this task are outlined in the EEG Practice Analysis, Domain II.

The Measurement and Electrode Application section evaluates the candidate's:

- 1) Ability to accurately measure and apply electrodes according to the International 10-20 System (Domain II, T-1, T-2, T-3)
- 2) Quality of electrode application (Domain II, T-1, T-2, T-3)

The candidate is expected to completely measure a mannequin head and apply all required electrodes to the head within a 1-hour period.

The examination begins as soon as the candidate enters the examination room. At the start of the exam, the candidate is expected to arrange the mannequin and supplies in a manner most comfortable for measurement and application, then measure the head and apply electrodes. *A headbox is not provided or needed to plug electrodes into.* However, the candidate may bring one if (s)he desires. The mannequin head sits in a stand and must remain in the stand for electrode measurement and application. The candidate needs to treat the mannequin head as if it were a real patient making sure the electrode application is neat; no collodion or paste on the face, no wires dangling over the face, no tape in the hair, nor pins in the head, etc. *There is no inion on the mannequin head.* The candidate is expected to utilize techniques normally employed when a patient with no discernible inion is encountered in their own laboratory. At the end of the session, the candidate collects his/her supplies and leaves the examination room. The candidate does not remove electrodes before leaving. Examiners measure and assess the mannequin electrode placements, remove the electrodes, and return the electrodes to the candidate after the testing session. The candidate is responsible for making prudent use of the 1 hour time period. An examiner is not in the room the entire time during measurement and application but makes frequent checks throughout the session.

In order to pass the examination, the candidate is required to do the following:

Measure the mannequin head **using the washable marker provided by ABRET**, according to the International 10-20 System of electrode placement. *Clearly mark the nasion, inion, Fpz, Oz, and preauricular points on the head.* Skin preparation prior to application of electrodes is not required.

Apply the following disk electrodes to the head: Fp1, Fp2, F3, F4, C3, C4, P3, P4, O1, O2, F7, F8, T3 (T7), T4 (T8), T5 (P7), T6 (P8), Fz, Cz, Pz. Application of electrodes A1, A2, and ground is not required. Both paste and collodion electrode applications work well on the mannequin head. Electrode application needs to be complete and anatomically correct. Electrodes should be securely attached to the head, without significant spread of paste or collodion. The impedance check is not required. Insertion of electrolyte into collodion-applied disk electrodes is not required.

Obtain electrode placement measurement values with symmetry of homologous and corresponding areas within 1cm. Candidates are not allowed to bring study guides, charts, or other written documents into the exam session.

The candidate must bring the following supplies for the exam:

- 21 disk electrodes (needle electrodes and caps are not permitted)--19 electrodes for application, 2 extra. Electrodes need to be of similar size and metal type. Please do not bring spider electrodes.
- Electrode paste (if not using collodion)
- Millimeter tape measure and other preferred measuring tools
- Application bottle or device (if using collodion)
- Gauze squares if used for application--Cotton balls and tape are not permitted for electrode application.
- Rubber bands or clips for mannequin's hair, if desired
- Plastic bag labeled with your name for return of electrodes

ABRET provides washable markers for the exam. Other type of marking devices are not allowed.

Federal Aviation Regulations prohibit carrying flammable materials on airplanes. Collodion, collodion remover, and compressed air are available at all exam sites.

Mannequins are provided by ABRET at the exam site. However, if you wish to purchase a mannequin for practice prior to taking the exam, you may do so. ABRET purchases its mannequins from Pivot Point. Information can be obtained by calling Pivot Point at 1-800-886-4247.

## APPLICATION OF RECORDING CONCEPTS

Revised 1/10

The expectations for safe and effective performance of this task are outlined in the EEG Practice Analysis, Domain I, T-1 and Domain II, T-5, T-6.

The Application of Recording Concepts Section evaluates the candidate's ability to 1) recognize and describe normal, abnormal, and artifactual EEG patterns; 2) correlate clinical history and EEG findings; 3) select montages and monitoring electrodes; 4) explain the significance and use of activating procedures, montages, monitoring electrodes, and instrument controls; 5) explain troubleshooting techniques; 6) explain polarity and localization methods; and 7) calculate voltage, duration, frequency, and filter effects. Candidates are given up to 1 hour in this section. During this time, the candidate is expected to respond to questions by applying his or her basic knowledge to the situation presented.

The examination begins as soon as the candidate enters the examination room. The examiners show the candidate a series of EEG patterns and associated histories. The examiners ask a variety of questions relating to the pattern. Questions may include the following topics: waveform description, clinical history, artifacts, monitoring methods, polarity, filters, montages, troubleshooting, clinical correlations, and measurement calculations. Rulers and calculators will be provided. The candidate is expected to use appropriate terminology when responding to the questions, and must provide correct responses to the questions in order to pass the exam. Two examiners are in the room with the candidate through most of the examination, while the Section Director enters the room at random intervals to monitor exam progress.

The patterns presented to the candidate demonstrate normal, abnormal, normal variant, or artifact patterns, or a combination of patterns. The samples are single page full size and good reproductions of actual EEG waveforms. Because the examiner's questions vary depending on the patterns and histories presented, the following sample questions are provided to give candidates an idea of what to expect during the 1 hour session.

- Based on the clinical history, what would you expect to see on the EEG?
- Based on the clinical history, how would you classify the seizure?
- Do the EEG findings correlate with the symptoms?
- How would you describe the abnormal features of this EEG?
- What monitoring electrodes would be helpful?
- Where would you place the monitoring electrodes?
- How do you localize the abnormal activity in this sample?
- What activation procedures would be useful?
- What artifacts should you be concerned with?
- How could you correct the recording problem?
- What is the duration of the sharp and slow wave complex?
- What is the frequency of the fast activity?
- How could you enhance this focal slow?
- How would changing the filter affect this activity or frequency?
- What would you expect to see clinically if the patient was having a focal seizure?
- What montage would you select next?
- Do you think this pattern is real or artifactual?
- How did you determine the polarity of the discharge?
- Is this finding considered normal or abnormal?
- Without using a ruler, estimate the duration of the identified wave.

## **RECORD REVIEW SECTION**

**Revised 5/11**

The expectations for safe and effective performance of this task are outlined in the EEG Practice Analysis, Domain I, T-1; Domain II, T-4, T-5, T-6; Domain IV, T-3.

The Record Review Section evaluates the candidate's 1) record quality and compliance with technical standards, 2) selection of recording techniques and parameters, and 3) discussion of electroencephalographic findings. During a one hour session, the candidate is expected to present, review, and discuss with the examiners, two abnormal EEG tracings that are representative of his or her best work.

Prior to the examination, the candidate selects two records that he/she has personally and independently set up and recorded, and brings those records to the examination. In order to pass the exam, the records must meet the following requirements.

Two records with distinctly different abnormalities, at least one having a clear focal abnormality.

The focal abnormality may occur in association with other findings but should be the predominant abnormality. Be prepared to discuss all aspects of the recording, including other abnormal components, normal variants and stages of sleep. An abnormality must be unequivocal. Patterns of questionable clinical significance are not permitted. Please remove patient identification. However, a history and the patient's age are necessary. Patient confidentiality must be respected, in compliance with HIPAA regulations. Please note that the candidate is expected to redact as much patient identification as possible; however, it is understood that in some instances, information cannot be removed, and so a Business Associate Agreement should be entered into with the hospital. A model Business Associate Agreement is available on the ABRET website.

- Records may not have been used for a different Record Review examination.
- Do not bring records which demonstrate cerebral death, are neonatal, surgical, ambulatory, or long-term epilepsy monitoring.
- Breach rhythm is not considered an acceptable focal abnormality.

### **The Examination Process**

The examination begins as soon as the candidate enters the examination room. During the one hour session, the candidate reviews both records with the examiners for compliance with the mandatory requirements. In addition, and in order to pass the examination, the candidate must correctly 1) respond to questions regarding patient history and reasons for testing, 2) identify patterns and findings, 3) localize activity, 4) explain uses of recording parameters, montages, and activation procedures, and 5) be able to discuss the basic concepts of digital technology if a digital record is presented, and analog technology if an analog record is presented, including calibration and bio-calibration. Rulers will be provided. The candidate is expected to use appropriate terminology when describing and localizing activity.

Two examiners are in the room with the candidate through most of the examination, while the Section Director enters the room at random intervals to monitor examination progress. The records are kept by the examiners for up to 30 minutes after the candidate has completed the section. Candidates should retain the EEGs used in the Record Review section until the results of the examination are received and final.

## EXPECTED TECHNICAL STANDARDS FOR RECORDS

1. The recordings must be interpretable.
2. Records must have been recorded within the twelve months prior to the examination date.
3. Each record must contain a minimum of sixteen channels of EEG.
4. Electrodes must be applied according to the International 10/20 System. EEG application templates (caps, nets, etc.) are not acceptable for board records.
5. Inter-electrode impedances (not greater than 5000 ohms) must be documented on record (either written or electronically).
6. Required documentation: Patient Age, Date, Tech Name or ID. Records should be labeled Record One and Record Two.
7. Required documentation: Time of Recording, Time and Date of Last Symptom or Event, Behavioral State of Patient, Medication, Summary of Relevant Medical History.
8. Records must not contain any patient information beyond the required documentation. If all other patient information cannot be removed, a Business Associate Agreement should be entered into with the hospital.
9. **For Digital Recordings:** Digital recordings may be printed out and bound or placed in a binder. Loose pages are not acceptable. Recording must display both voltage and time calibration marks. If meaningful calibration or bio-calibration is not available, ideally the first 30 seconds of recording should be observed by the technologist from the primary system reference montage. **Alternatively,** candidates may bring a laptop computer to the examination and will be *responsible for adequate operation of the equipment and display of their records*. Laptops must have a screen size of at least 12". Identical guidelines apply. No technical support will be provided by ABRET or the examination site. Candidates may bring a hard copy backup.
10. A standard sensitivity 5-10  $\mu\text{v}/\text{mm}$  and adjusted as needed.
11. A standard low frequency filter not greater than 1 Hz (time constant of .16 seconds) and adjusted as needed.
12. A standard high frequency filter 70 Hz, and adjusted as needed.
13. A standard paper speed 30mm/sec or a digital display of 10 seconds/page is required, and may be adjusted appropriately.
14. The 60 Hz filter should be used appropriately.
15. Any artifacts should be corrected or monitored, as necessary.
16. At least 120 pages or 20 minutes of EEG activity, not including instrument calibration or bio-calibration is required. Remontaged pages may not be used to lengthen a record that is less than 20 minutes in duration.
17. At least one bipolar and one referential montage should be recorded.
18. Montages must be complete and appropriate to demonstrate abnormality.
19. There should be at least one period of eye opening/eye closure.
20. Hyperventilation should be performed and acceptable with effort noted, or contraindicated.
21. Photic stimulation should be performed and acceptable, or contraindicated.
22. An adequate sleep recording should be attempted, obtained, or not needed.
23. Visual, auditory, or somatosensory stimulation used and documented, as appropriate.
24. The paper speed, sensitivity, filters, and montages clearly identified on the record and at times of change.
25. Patient's state and/or level of consciousness (awake, drowsy, sleep, comatose, etc.) and any changes, should be clearly noted on record.
26. Complete descriptions of patient events, movements, stimulation, and tech instructions should be clearly noted on the record at the time of occurrence. Examiners will not review video files on EEG recordings.
27. Clear documentation of patient's maximal level of alertness must take place at some time during recording.
28. Records (analog or digital) must be recorded continuously without deletion of pages or demonstrate a continuous time and montage sequence as recorded.
29. At the candidate's discretion, a few additional digitally reformatted pages may be included to better demonstrate the abnormality.

Note for candidates bringing printed digital records:

If the system does not print out any of the above requirements, the information may be hand written, as long as it is accompanied by a letter from the Medical Director confirming that the hand written comments and notations were present in the original recording.

Reference:

[American Clinical Neurophysiology Society Guidelines in Electroencephalography \(www.acns.org\)](http://www.acns.org).

## EXAM RESULTS

The ABRET President sends notification of pass or fail to the candidate within three weeks of the examination.

Unsuccessful candidates receive a summary of reasons for failure in the letter. Candidates can write to the Executive Office to request a critique of their performance from the President. ABRET releases exam results to the candidate only. All test material is the property of ABRET. It is confidential and not available for candidate review.

Candidates passing the oral/practical examination receive a certificate of registration within six weeks following the examination. The certificate includes the newly registered technologist's legal name, certificate number, and date of examination, and the expiration date. Other credentials cannot be included on the ABRET certificates. The certificate is signed by the ABRET President and Secretary. Additional certificates may be requested by contacting the Executive Office or through the ABRET website. There is a fee for additional certificates.

ABRET may share the names and addresses of passing candidates with state, regional, national societies, END publications and release my certification status and disciplinary history to employers, governmental agencies, and the public upon request.

A candidate who fails a section of the oral/practical exam on the third attempt is strongly encouraged to obtain additional training before applying for subsequent attempts at completion of the oral/practical exam.

ABRET makes arrangements for special needs individuals taking the oral/practical examination. The candidate is responsible for submitting to the Executive Office documentation of the need for special testing and the exact accommodations needed at least eight weeks before the examination.

## **REGIONAL MEASUREMENT AND ELECTRODE APPLICATION**

Candidates who fail **only** the Measurement and Application section of the oral/practical exam may retake the section at a regional site. The Executive Director mails the candidate an application, exam status, and site selections within eight weeks of notification of failing score. The candidate requests the month and site and returns the application to the Executive Director. Upon receipt of a candidate's site selection and application fee, the Executive Director arranges a date and time for the examination and sends a letter of confirmation to the candidate. Information on the exam site is provided. The Executive Director requires four weeks to schedule a regional examination. The Executive Director will not schedule a candidate for examination to a regional site where the candidate is employed, was employed, served as a student or trainee, or is more than remotely familiar with the host examiners.

## **REFUNDS**

If a candidate is unable to attend the exam, the options are as follows:

### **If the exam is more than six weeks away:**

- 1) the candidate may transfer into another exam for \$30. A written request plus payment of the fee must be received by the Executive Office before the transfer can be confirmed.
- 2) the candidate may receive a 75% refund.

### **If the exam is less than six weeks away:**

- 1) the candidate may transfer into another exam for \$100 up to a week before the exam. A written request plus payment of the fee must be received by the Executive Office before the transfer can be confirmed. No-shows on the day of the exam are not eligible to transfer.
- 2) no refunds are given within six weeks of the exam date.

ABRET reserves the right to cancel or change an oral/practical examination date and/or location for any reason, sixty days prior to the exam. The Executive Director notifies confirmed candidates of the decision. The candidate can request a full refund of their examination fees or transfer to an open exam. ABRET is not responsible for expenses incurred by a candidate due to the oral/practical exam cancellation or change.

ABRET recognizes that inclement weather and natural disasters may prohibit travel to a scheduled oral/practical examination and if notified, transfers a candidate to another exam should this occur. If the event occurs during travel to the examination site, the candidate should contact the host lab and leave a message or speak with the ABRET President or Executive Director or leave a message on the ABRET voicemail. Candidates need to contact the Executive Director to obtain instructions for transfer in the event of inclement weather or natural disaster.

## **RECERTIFICATION**

Candidates who pass the written and oral/practical exam will be registered as EEG Technologists for a period of ten years and will be authorized to use the designation R. EEG T. subject to compliance with the Code of Ethics, rules, policies, and procedures, and standards of practice of ABRET. If not recertified at the end of the five year period, the technologist will no longer be permitted to use the R. EEG T. designation. Re-certification requires:

Documentation of continuing education, totaling a minimum of 60 hours and \$75 by the end of the tenth year, half must be submitted by the end of the 5<sup>th</sup> year. Continuing education hours must be related to the credential, EEG, EP, Epilepsy or other relevant neurology topics,

**OR**

successful completion of the current written ABRET exam prior to expiration in order to maintain the credential. Payment of the current exam fee will be required.

## **NAME/ADDRESS CHANGES**

The candidate is responsible for notifying the ABRET Executive Office of address or name changes, including changes after registry is acquired. Proof of the name changes is required.

# **THE AMERICAN BOARD OF REGISTRATION OF ELECTROENCEPHALOGRAPHIC AND EVOKED POTENTIAL TECHNOLOGISTS**

## **CODE OF ETHICS AND STANDARDS OF PRACTICE**

The American Board of Registration Of Electroencephalographic and Evoked Potential Technologists (“ABRET”) is a nonprofit credentialing board for Electroencephalographic (“EEG”)Technologists, Evoked Potential (“EP”) Technologists, and Neurophysiologic Intraoperative Monitoring (“CNIM”) Technologists and Long Term Monitoring (“CLTM”) Technologists, and seeks to encourage, establish and maintain the highest standards, traditions and principles of these technologies. ABRET Registered and Certified Technologists should recognize their responsibilities, not only to their patients, but also to society, to other health care professionals and to themselves.

The following principles have been adopted by the Board of Directors in order to encourage personnel to aspire to the highest possible professional practice. An ABRET Registered technologist or Certified individual shall

1. Do everything in his or her power to insure that the current Guidelines of the American Clinical Neurophysiology Society are complied with in the department in which he or she works.
2. Preserve human dignity, respect patient's rights and support the well being of the patient under his or her care. The Registered or Certified person shall avoid discrimination against individuals on the basis of race, creed, religion, sex, age and national origin.
3. Appreciate the importance of thoroughness in the performance of duty, compassion with patients and the significance of the tasks he or she perform.
4. Preserve the confidentiality of medical and personal information of a patient.
5. Strive to remain abreast of current technology and to study and apply scientific advances in his or her specialty. Carry out their professional work in a competent and objective manner.
6. Abide by laws related to the profession and to general public health and safety and avoid dishonest, unethical or illegal practices.
7. Refuse primary responsibility for interpretation of testing or monitoring of Electroencephalograms, Evoked Potentials, or Neurophysiologic Intraoperative Monitoring for purposes of clinical diagnosis and treatment. Individuals who are licensed or otherwise authorized by practice standards to provide interpretation are excluded.
8. Be truthful, forthcoming, and cooperative in their dealings with ABRET.
9. Be in continuous compliance with ABRET’s rules (as amended from time to time by ABRET).
10. Respect ABRET’s intellectual property rights.

## **VIOLATIONS TO ABRET CODE OF ETHICS AND STANDARDS OF PRACTICE**

### **PURPOSE OF STANDARDS:**

ABRET has developed this *Code of Ethics* to articulate standards of conduct required for eligibility for certification and continued certification of EEG, EP, CNIM and CLTM technologists. Maintenance of board certification will require adherence to the ABRET *Code of Ethics*. Individuals who fail to meet these requirements may have their certification suspended or revoked. ABRET does not guarantee the job performance of any individual.

### **Reporting Requirements**

An individual convicted of a felony related to electroencephalographic, evoked potential, long term monitoring or neurophysiologic intraoperative monitoring practice and/or public health and safety (including, but not limited to felonies involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon, violence, and the prohibited sale, distribution or possession of a controlled substance) must notify ABRET of such conviction and shall be ineligible to apply for registration, certification, or renewed registration for a period of three (3) years from the exhaustion of appeals or final release from confinement, whichever is later.

**1. Grounds for Disciplinary Action.** ABRET may deny, suspend, revoke, or take other action regarding an application or certification if an individual is not in compliance with this Disciplinary Policy. Grounds for disciplinary action include (but are not limited to):

- A.** Ineligibility for certification, regardless of when the ineligibility is discovered;
- B.** An irregular event in connection with an ABRET examination including (but not limited to) copying answers, copying examination materials, and causing a disruption in the testing area;
- C.** Providing fraudulent or misleading information;
- D.** Failure to pay fees when due;
- E.** Unauthorized possession or misuse of ABRET credentials, examinations, and other intellectual property;
- F.** Misrepresentation of certification status;
- G.** Failure to provide requested information in a timely manner;
- H.** Failure to inform ABRET of changes or adverse actions;
- I.** Impairment of professional performance because of habitual use of alcohol, drugs, or other substance, or any physical or mental condition;
- J.** Gross or repeated negligence or malpractice in professional work;
- K.** Noncompliance with laws related to the profession and to general public health and safety;
- L.** Accepting primary responsibility for interpretation of testing or monitoring for purposes of clinical diagnosis and treatment (Individuals who are licensed or otherwise authorized by practice standards to provide interpretation are excluded.);
- M.** Failure to maintain a current professional credential as required by the jurisdiction in which the individual practices (this may include a license, certificate, or registration);
- N.** The conviction of, plea of guilty to, or plea of nolo contendere to a felony or misdemeanor related to public health and safety or the profession;
- O.** Disciplinary action by a licensing board or professional organization other than ABRET; and
- P.** Other failure to maintain continuous compliance with ABRET standards, policies, and procedures.

**2. Sanctions.** If an individual is not exonerated or acquitted of all allegations, ABRET may impose one or more of the following sanctions for a violation of this Disciplinary Policy:

- A.** Denial or suspension of eligibility;
- B.** Denial of certification;
- C.** Revocation of certification;
- D.** Non-renewal of certification;
- E.** Suspension of certification for a specific period of time;
- F.** Reprimand;
- G.** Probation; or
- H.** Other corrective action.

Candidates or certificants may appeal the decision of the Discipline Committee to the ABRET Board of Directors by submitting a written appeals statement within 30 days. It is the candidate's responsibility to initiate this appeal in accordance with ABRET's policies.

Each candidate must affirm that the information provided in the Application is true and correct to the best of his or her knowledge. Each candidate further agrees to hold ABRET and its sponsoring organizations blameless from any claim for damages as a result of any action it may take in connection with this Application, the registration examination, or the results thereof.

You may obtain a copy of the complete violations and disciplinary policy and procedure from the ABRET website, [www.abret.org](http://www.abret.org).