

Petition of Eligibility for EEG or EP Examinations

Use this form if you have had structured* or formal training in electroneurodiagnostics, but have not earned an associate's degree nor completed a CAAHEP accredited END program.

Date:		
Candidate Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail Address:	
Hospital/Institution:		
Laboratory/Department/Program Name:		
Address:		
City	State:	Zip:
Instructor/Manager:		
Phone:	E-mail Address:	

<p>Provide a brief description of your experience in electroneurodiagnostics.</p>
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*Structured is defined as any organized learning institution or program that has defined class work, core instruction and measurable outcomes. On the job training is NOT considered structured learning.

What were your dates of training?		
		Yes No
Did you have didactic (classroom) training?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have clinical training with supervision?	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in record review sessions with a senior technologist?	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in record review sessions with a physician?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you responded yes to any of the above questions, please describe how much time was devoted to these activities on a weekly basis.</p>		

	Yes	No
Are you able to record EEGs independently?	<input type="checkbox"/>	<input type="checkbox"/>
Were you required to take a final exam at the end of your training period?	<input type="checkbox"/>	<input type="checkbox"/>

Please submit this form along with

- 1) A letter from your instructor, on letterhead, supporting your petition of eligibility**
- 2) A completed application and examination fees**
- 3) Current CPR card or documentation of CPR training**
- 4) Official college or program transcript**