CLTM® DOCUMENTATION FORM

Complete the form to log your required Long Term Cases (50), obtain signature, and upload to ABRET Credential Manager.

ABRET will accept **up to five (5)** LTM cases per day. A patient may only be counted **once during each admission**. CLTM eligibility may include but is not limited to EMU, critical care, and long-term floor patient care, scanning/monitoring of those studies, advanced set-up/ checking electrodes (i.e., 10-10 placement, phase II, etc.), clipping/pruning of actively running studies, intra/extra operative functional mapping, reviewing/reading/reporting of long-term and invasive EEGs.

****No more than 10% of cases (5) may be ambulatory recordings (AEEG). No more than 10% of cases (5) may be 10-10 electrode placement or electrode maintenance**. ***Refer to the Content Outline in the CLTM Handbook for further task details**.* Cases must have been monitored within the last 5 years, with 10% (5) within the last 24 months.

NAME of TECHNOLOGIST:_____

#	Date of Recording	Type of Recording ICU/EMU/RM/AEEG** No more than 5 AEEG.	Reading Physician	Indications for Recording	Length of Recording (min. 12 hours)	Tasks Performed** No more than 5 10-10 electrode placement or maintenance.

10/25

I certify that the information provided is true and accurate.

_____

Signature of Medical Director or *Supervisor ***Date***

* The Supervisor is expected to be in authority over the candidate and able to verify submitted LTMs.

_____

Print Medical Director or Supervisor Name

_____

Phone # ***Email***

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Random auditing will be conducted by ABRET.

******All form pages must be signed******

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