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LAB - EEG

ABRET EEG LABORATORY ACCREDITATION

INTRODUCTION & STANDARDS

2026

General Information

The Laboratory Accreditation Boards of ABRET are separate boards functioning under ABRET Neurodiagnostic Credentialing and Accreditation, Inc. as part of ABRET's Mission. ABRET is a not-for-profit, 501 c6 corporation.

Eligibility

Any laboratory performing clinical EEGs interpreted by a licensed physician (M.D., D.O., or equivalent) may apply for accreditation.

- At least one of the staff technologists must be an R. EEG T. or Canadian RET.
- The lab must be under the direction of a physician with a current medical license.
- The lab must have at least one year of EEG data eligible for submission as requested.

It is highly recommended that you have confidence all recordings performed in the last year meet ACNS Technical Standards.

LAB-EEG is re-examining their policies and is not accepting accreditation applications for organizations that only perform home studies or ambulatory studies at this time.

Accreditation

LAB-EEG accreditation requires a formal review of EEG data, policies & procedures. The EEG interpretation (professional component) will not be evaluated. A site visit is not required.

Accreditation will be for 5 years.

A list of LAB-EEG accredited laboratories will be published. Successful laboratories will receive a framed certificate.

Unsuccessful laboratories may reapply in one year.

STANDARDS FOR EEG LABORATORY ACCREDITATION

Step One

1. Complete the [LAB-EEG Application form](#).
2. Detailed responses to address Standards 1-3 as defined below.
3. A Business Application Agreement must be completed to satisfy HIPAA requirements. *This information may be completed on pages 7–9 of this document or printed, scanned, and emailed to anna@abret.org.*
4. \$100.00 application fee payable to ABRET ([Visa and MasterCard accepted](#)). Contact Anna@abret.org if you require an invoice for processing.

Step Two

Once the initial application has been accepted, the lab will receive an email to request:

- Submission of Policies to support Standard 4.
- Submission of EEG Recording listed in Standard 5.
- \$1500 accreditation fee payable to ABRET ([Visa and MasterCard accepted](#)). Contact Anna@abret.org if you require an invoice for processing.

Standard 1

The lab should be staffed by qualified technologists who have met national competency standards.

Submit a list of all staff technologists, including credential numbers. At least one staff member must have a current R. EEG T. credential.

Standard 2

The lab should support the continuing education of staff and expect staff to keep current in the field of EEG.

What is the professional development plan for your technologists? How is continuing education encouraged, expected, and supported? Submit a list of all staff continuing education activities over the last 12 months.

Standard 3

The lab must have a Medical Director with a current license to practice medicine.

Submit a copy of the Medical Director's State Medical License. What is the role of the medical director in your lab? Does s/he provide guidance and feedback to the technologists regarding performance?

Standard 4

The lab must have policies in place that address staff and testing procedures.

Submit bookmarked or indexed policies addressing the following. Only the requested policies should be submitted. *Please do not include extraneous/additional information that is not included in the list of requested policies.*

Staff and Department Policies

- a. Staffing Policies for technical personnel (Job Descriptions, Competencies, Credentialing requirements, Continuing education requirements)
- b. Infection Prevention Policy (specific to the EEG Department)

- c. Patient Safety (specific to the EEG Department)
 - d. Electrical Safety (specific to the EEG Department)
 - e. Quality Improvement Policy/Project (specific to EEG Department)
 - f. Technologist Education (requiring continuing education)
2. Testing Procedure Policies
- a. Routine EEG
 - b. Pediatric EEG
 - c. Neonatal EEG
 - d. Bedside EEG
 - e. Sleep-deprived EEG
 - f. EEG for Determination of Electroencephalogram Inactivity (ECI)

Standard 5

The lab must submit 5 routine EEG recordings performed in the last 12 months. Upon completion of Step 1 (i.e., receipt of the initial application), ABRET will send a detailed letter to the lab's point of contact requesting specific EEG recordings as described below in #4–5. Long-term recordings, intraoperative recordings, or ambulatory studies will not be accepted.

#1–3 Three EEGs selected by the applicant lab identified as Normal, Focal, and Generalized. One recording must contain a sleep recording of \geq stage N2.

#4–5 The LAB-EEG Board will request two additional archived records by randomly selected dates. If random records are not continuous, please also submit your policy for clipping and archiving.

- Different technologists should have recorded the three applicant-selected records. If there are only two technologists in the lab, one may have performed two of the three recordings.
- Records must be submitted with reading software. Verify the review software opens the recordings properly on a generic PC running Windows, and not just on your review station, and that the data is displayed AS RECORDED, including settings, impedances, montages, and all annotations.
 - Provide additional information/instructions for using your particular reading software, and if there are any nuances to facilitate the process, such as passwords.
 - Ensure that patient history, impedances, and tech annotations were not removed during the de-identification process. If so, please provide printed copies with your records.
 - Alternatively, you may send a video capture of the recording.
- Label each recording, identifying which are normal, focal, and generalized, and which were selected by ABRET. Label each drive or disk with the name of your organization.
- Records should adhere to the ACNS Guidelines. See the *Expected Technical Standards for Recordings* included in this document on page 4.
- Patient identifying information should be removed. A Business Associate Agreement must be completed to satisfy HIPAA requirements. Use either the form provided on pages 7–9 of this document or your own institutional agreement form. Data will only be used for evaluation and will be destroyed or deleted at the completion of the evaluation in a HIPAA-compliant manner.

Submission and Fees

EEG laboratories (i.e., satellite labs) utilizing the same technologists and administration may be eligible for dual accreditation. Labs may apply for accreditation jointly if they agree to pass or fail as a group. One framed certificate will be issued. Requested records must represent both labs.

Alternatively, related labs may prepare separate applications. Applications must be submitted together to receive a 20% discount for the second lab. Adult and Pediatric labs within the same hospital must prepare separate applications and submit together to receive a 20% discount for the second lab. Requested records must represent both labs. Each lab will receive a framed certificate.

Recordings and materials may be submitted via ShareFile, a secure, HIPAA-compliant server. To request a private folder, contact anna@abret.org for a link.

Alternatively, two copies of all materials on DVD, flash drive, or portable hard drives may be mailed to:

ABRET LAB - EEG c/o Anna Bonner, 2054 Kildaire Farm Road, #431, Cary, NC 27518.

Applicants may contact the ABRET Executive Office after 90 days if they have not received notification of accreditation status.

EXPECTED TECHNICAL STANDARDS FOR RECORDINGS

1. All recordings must be interpretable.
2. All submitted records must have been recorded within twelve months of the application.
3. Every record must contain a minimum of sixteen channels of EEG. ACNS Guideline 1, 1.1
4. All inter-electrode impedances (not greater than 10,000 ohms)* must be documented. Inter-electrode impedances must be balanced within 4k ohms. A screenshot of impedances at the beginning and end of recording is requested. ACNS Guideline 1, 2.4
5. Required documentation: Patient Age, Date, Tech Name, or ID. A unique procedure or log number should be included. ACNS Guideline 1, 3.1
6. Required documentation: Time of Recording, Time and Date of Last Symptom or Event, Behavioral State of Patient, Medication, Summary of Relevant Medical History. A screenshot of the history sheet is requested. 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 ABRET. A model agreement is available upon request.
7. Square wave calibration for 10 seconds at the beginning of the recording. Ideally, the first 30 seconds of recording should be observed by the technologist from the primary system reference montage (bio-cal is of no use in digital recordings). ACNS Guideline 1, 3.2
8. Scalp recording standards:
 - Sensitivity of 5-10 $\mu\text{v}/\text{mm}$ is required and should be adjusted as needed. Low-frequency filter not greater than 1.6 Hz (time constant of not 0.16 seconds) is required and adjusted as needed.
 - High-frequency filter 70 Hz is required and adjusted as needed.
 - Digital display (paper) speed of 30 mm/sec or a digital display of 10 seconds/page is required.
 - The 60 Hz notch filter should be used appropriately, and not defaulted to "on". ACNS Guideline 1, 3.3-3.6
9. Any artifacts should be corrected, mitigated, or monitored and documented, as necessary.
10. A minimum of 20 minutes of artifact-free (technically satisfactory) EEG activity, not

including calibrations, is required. ACNS Guideline 1, 3.7

11. At least 3 different montages must be recorded*, including at least one bipolar, and one referential montage for a minimum of one minute each. ACNS Guideline 1, 3.7
12. The montages must be complete and appropriate to demonstrate abnormality.
13. There should be at least one period of eye opening/eye closure. ACNS Guideline 1, 3.8
14. Hyperventilation should be performed and acceptable with effort noted or contraindicated with reason documented. ACNS Guideline 1, 3.8
15. Photic stimulation should be performed and acceptable or contraindicated. ACNS Guideline 1, 3.8
16. Adequate sleep recording should be obtained, attempted, or not needed. At least one submitted record must contain stage two (N2) sleep. ACNS Guideline 1, 3.9
17. Visual, auditory, or somatosensory stimulation should be used and documented, as appropriate. ACNS Guideline 1, 3.10
18. Digital display speed (paper speed), sensitivity, filters, and montages must be clearly identified on the record and at times of change.
19. The patient's state and/or level of consciousness (awake, drowsy, sleep, comatose, etc.) and any changes should be clearly noted on the record. ACNS Guideline 1, 3.10
20. Complete descriptions of patient events, movements, and tech instructions should be clearly noted on the record at the time of occurrence. ACNS Guideline 1, 3.10
21. Clear documentation of patient's maximal level of alertness must take place at some time during recording. ACNS Guideline 1, 3.10
22. Records must be recorded continuously without deletion of pages or demonstrate a continuous time and montage sequence as recorded.

Note: Recording on one montage and submitting a reformatted recording is not acceptable.

23. Recordings may be submitted on DVD, USB drive, portable hard drives, or uploaded to ShareFile (please contact anna@abret.org for a link). Please send two copies for initial accreditation and one set for reaccreditation.
24. Before submitting data, verify it is viewable on a generic PC running Windows, and not just on your review station.
25. Verify the review software opens the recordings properly, and that the data is displayed AS RECORDED, including settings, impedances, montages, and all annotations.
26. Label each recording, identifying which are normal, focal, and generalized and which were selected by ABRET.
27. Provide additional information/instructions as to how to use your particular reading software, and if there are any nuances to facilitate the process, such as passwords.

*2016 ACNS Guideline 1: Minimum Technical Requirements for Performing Clinical EEG

REFERENCES

1. American Clinical Neurophysiology Society Guidelines (www.acns.org)
 - a. Minimal Technical Requirements for Performing Clinical Electroencephalography, Guideline 1
 - b. Recording Clinical EEG on Digital Medica, Guideline 4
 - c. Minimal Technical Standards for Pediatric Electroencephalography, Guideline 5
2. ASET: The Neurodiagnostic Society (www.aset.org)
 - a. EEG National Competencies

- b. Minimum Education and Credentialing Recommendations
 - c. Scope of Practice for Neurodiagnostic Technology
 - d. Neurodiagnostic Job Descriptions
 - e. Policy & Procedures for the Neurodiagnostic Department: Reference Manual
3. National Association of Epilepsy Centers, "Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers". (www.naec-epilepsy.org)
 4. The Joint Commission, "National Patient Safety Standards". (www.jointcommission.org)

Accreditation Application Agreement

Facility Owner's Name ("Facility"):	
Facility Name (if different) & Mailing Address:	
Facility Employer or Identification Number:	
Legal Structure (check one):	<input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> other(specify):
Date:	

Facility and ABRET Neurodiagnostic Credentialing and Accreditation ("ABRET") agree as follows:

1. Application.

A. Facility requests accreditation as indicated on its application. The facility hereby authorizes ABRET and its officers, directors, employees, and agents (collectively, "ABRET") to review its application and to determine its eligibility for accreditation. This authorization includes (but is not limited to) permission for ABRET to contact state and federal authorities, licensing boards, non-governmental accreditation and certification bodies, and others for the purpose of verifying the information provided by Facility.

B. Through its accreditation application review process, ABRET will determine whether a Facility's performance meets ABRET's current Standards, policies, and procedures. ABRET may amend these Standards, policies, and procedures from time to time, and updated information will be made available through the ABRET website.

C. ABRET will make efforts to review a Facility's application at the earliest date possible, but it cannot guarantee the timing of the completion of any review.

D. The provisions of the attached Business Associate Agreement are a part of this Agreement and are incorporated by reference.

2. Fees. ABRET's current application fee is \$100 for LAB-EEG. Facility shall pay this fee at the time Facility submits its application. This fee is not refundable.

3. Term. This Agreement will become effective on the date of signature by ABRET and will remain in effect for the duration of the application review process. If accreditation is granted, this Agreement will automatically continue in effect for the duration of that accreditation award.

4. Responsibilities of Facility.

A. Cooperation. Facility agrees to cooperate promptly and fully with ABRET.

B. Submission of Materials.

i. Facility shall complete its application in a manner that presents an accurate, true, and complete description of the services provided by Facility.

ii. Facility agrees to submit any additional information requested by ABRET.

iii. All information must be produced in a timely manner and in the format requested by ABRET.

C. Compliance with ABRET Rules. Facility has read, accepts, and agrees to abide by ABRET's Standards, policies, and procedures, including but not limited to those listed below. Facility must read and keep up to date with these rules. Facility bears the burden of showing and maintaining compliance during the application review period and for the duration of accreditation (if granted).

- i. APPLICATION REVIEW AND APPEAL POLICY;
- ii. RELEASE OF INFORMATION POLICY;
- iii. REPORTING CHANGES POLICY; and
- iv. ADVERSE ACTION POLICY.

D. On-site Visits. Facility hereby consents to one or more on-site visits by ABRET.

E. Affiliates and Subsidiaries. If Facility includes in its application one or more sites owned or otherwise operated by independent physicians, companies, or other third parties, then Facility is responsible for managing their participation in ABRET's accreditation program. Facility represents that it has the authority to bind each entity to the provisions of this Agreement as if the entity were Facility. Facility hereby agrees to take all reasonable measures to assure that each entity complies with this Agreement. Further, Facility shall be liable for each entity's participation in the accreditation process as provided in the Section titled "Waiver of Claims & Indemnification". ABRET may bring a separate action against any one or more entities under this Agreement and may elect to recover from any one or more entities the full amount of any unpaid fees or other collective liability. If one entity violates this Agreement, then ABRET may take adverse action against Facility and one or more entities.

5. No Warranty. A grant of accreditation by ABRET is recognition of Facility's performance at the time of application; accreditation does not constitute a warranty of complete or continuous compliance. Facility is solely responsible for ensuring the quality and safety of its services.

6. Waiver of Claims & Indemnification.

A. Facility hereby waives all claims against ABRET and assumes full responsibility for all expenses which Facility may incur arising out of this Agreement and/or Facility's participation in the ABRET accreditation program, including (but not limited to) those arising out of ABRET's decisions regarding Facility's grant or denial of accreditation, publication of these decisions, publication of the accreditation status of Facility, and third-party actions based on the accreditation program or Facility's accreditation status.

B. Facility shall defend and indemnify ABRET against all claims, liabilities, damages and expenses (including but not limited to reasonable attorney's fees) arising out of this Agreement and Facility's participation in the ABRET accreditation program, including (but not limited to) those arising out of ABRET's decisions regarding Facility's grant or denial of accreditation, publication of these decisions, publication of the accreditation status of Facility, and third party actions based on the accreditation program or Facility's accreditation status.

C. The provisions of this Section do not extend to claims, liabilities, damages and expenses arising out of the gross negligence or willful misconduct of ABRET.

7. Notice. Any notice that either party is required or may desire to serve upon the other party must be in writing. Notice must be served (i) by overnight delivery by a nationally recognized express transportation company (with confirmed delivery, charge prepaid or billed to shipper), or (ii) by depositing the same in the mail (first class postage prepaid, certified and return receipt

requested) with notice also required to be given by electronic mail on the same date as deposited in the mail. Notice given by mail or electronic mail alone is not sufficient. Notices to the Facility are to be sent to the address shown on page one of this Agreement.

8. Governing Law. This Agreement is governed exclusively by the laws of the State of Texas, without reference to its choice of law doctrine.

9. Dispute Resolution. The sole jurisdiction and venue for any litigation arising from this Agreement is the appropriate federal court for the Eastern District of Texas or state court located in Denton County, Texas. The parties hereby waive trial by jury in any action arising out of this Agreement. If a dispute arises, the parties shall make a good faith attempt to resolve the dispute through dialogue and negotiation for a period of sixty (60) calendar days prior to pursuing court action.

10. No Assignment. Facility shall not assign any of its rights or obligations under this Agreement without the prior written consent of ABRET.

11. Successors. This Agreement will be binding upon, and will inure to the benefit of, the parties and their respective permitted successors and assigns.

12. Sole Agreement. This Agreement contains the entire agreement between the parties concerning Facility’s application and accreditation. It supersedes all prior and contemporaneous oral and written understandings.

13. Amendment. No amendment of this Agreement will be valid unless in writing and signed by ABRET.

14. Waiver. No waiver will be effective unless it is in writing and signed by the party granting the waiver. If a party excuses the other party’s failure to perform a term of this Agreement in one instance, then that waiver does not excuse any subsequent non-performance of the same term.

15. Severability. If any provision of this Agreement is held to be invalid, the remaining provisions of this Agreement are not to be affected and will continue in effect. The invalid provision is to be deemed modified to the least degree necessary to remedy the invalidity.

16. Survival. The obligations and rights of the parties which by their nature would continue beyond the termination of this Agreement will survive beyond the termination of this Agreement and remain in full force and effect. These obligations and rights include (without limitation) those set forth in Sections titled “Waiver of Claims & Indemnification”.

17. Independent Contractors. The relationship between the parties to this Agreement is that of independent contractors. This Agreement is not intended to create any association, partnership, joint venture, or agency relationship between the parties.

In Witness Whereof, the parties are signing this Agreement as of the date indicated on the first page.

ABRET	Facility
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____

ACCREDITATION DECISION REVIEW & APPEAL POLICY

ABRET has adopted this policy to establish a fair process for addressing application issues.

- 1. Initial Review.** ABRET will determine whether a facility has met the requirements for accreditation. It may decide: (i) to grant accreditation, or (ii) to require the facility to submit additional evidence of compliance. Additional evidence of compliance may include a site visit. The timeframe and other conditions for further review will be provided by ABRET in writing.
- 2. Adverse Action Allegations.** ABRET may place an application on hold while allegations of misconduct are pending.
- 3. Denial.** Accreditation may be denied for reasons that include (but are not limited to) the following:
 - A.** failure to truthfully complete and sign an application in the form provided by ABRET;
 - B.** failure to pay the required fees;
 - C.** failure to provide additional information as requested;
 - D.** refusal to allow a site visit;
 - E.** the facility has submitted the maximum of three supplemental information responses and ABRET remains unable to confirm that the facility meets the requirements for accreditation; and
 - F.** grounds exist for adverse action as described in the Adverse Action policy.
- 4. Notification.** ABRET will notify the facility within 30 calendar days after it makes its decision.
- 5. Decision Appeals Process.**
 - A.** Only "Denial" decisions can be appealed.
 - B.** A failure to comply with any ABRET deadline may not be appealed.
 - C.** A facility may request an appeal within 30 calendar days after notification of the denial decision. After this time, the facility may not request an appeal.
 - D.** Appeal requests must be submitted in writing and sent to ABRET by traceable mail or delivery service.
 - E.** The appeal must specify a valid basis for the appeal. If ABRET determines that the request is frivolous, then the appeal will not proceed.
 - F.** ABRET may file a written response to the appeal request.
 - G.** ABRET will appoint an Appeal Committee to consider the appeal. The Appeal Committee is composed of three members selected from the ABRET Board of Directors. Appeal Committee members may not: (a) be the same individuals who initially reviewed the application, (b) review any matter in which their impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest. Committee action is determined by majority vote.
 - H.** The Appeal Committee will render a decision based on the written record. Documentation not previously submitted to ABRET will not be considered. An oral hearing is not permitted.

L. The Appeal Committee may accept, reject, or modify the denial decision. In order to overturn the decision, the facility must demonstrate that the denial decision was inappropriate because of: (a) material errors of fact, or (b) failure to conform to ABRET's rules.

J. The decision of the Appeal Committee is final.

K. ABRET will notify the facility of the decision of the Appeal Committee in writing.

L. Only one appeal per application is permitted. If that appeal upholds the original denial, then the facility must complete and submit a new application in order to seek accreditation at another time.

M. The facility is responsible for all expenses incurred by it related to the appeal and must pay any administrative appeal fee charged by ABRET.

6. Reinstatement of Eligibility. Following a denial based on this policy or other noncompliance with ABRET Standards, policies, and procedures, a subsequent application will not be reviewed unless the facility demonstrates that it has undertaken corrective action.

RELEASE OF INFORMATION POLICY

ABRET has adopted this policy to inform applicants and accredited facilities of how information may be released.

- 1.** Interested parties may request verification of accreditation.
 - A.** Requests may be made to the Executive Office.
 - B.** Accreditation verification forms are available from the office or website.
 - C.** Accreditation may be verified online on the ABRET website. If accreditation is granted, ABRET will publish the facility's accreditation status and the expiration date in a directory of accredited laboratories.
- 2.** Appropriate information must be provided for the verification.
 - A.** The request must include the name and address of the facility.
 - B.** The Executive Director sends a confirmation of accreditation along with the date of accreditation and expiration to the requesting party.
 - C.** If the Executive Director experiences a conflict or is unclear of the facility's status, additional information is requested.
- 3.** ABRET does not release information on the status of a pending application. The Executive Director may, however, upon written authorization from the facility, confirm or deny that a facility has a pending application.
- 4.** Accreditation decisions will not be disclosed until written notice of that decision has been sent to the facility.
- 5.** ABRET may also publish whether any adverse action has been taken regarding a facility, such as revocation or suspension of accreditation. Regarding adverse actions, ABRET will release the effective date of the action and a summary of the reasons for the action. Information regarding adverse actions is released only after the facility's right of appeal has been exhausted.

6. ABRET rents its mailing list to organizations and companies who offer products that might be of interest to facilities. A facility may opt-out of this mailing list by contacting ABRET.

7. ABRET shares data about facilities for research purposes. No patient identifiable information is provided. A facility may opt-out of data sharing by contacting ABRET.

8. As a general policy, all other facility and ABRET information is treated as confidential and privileged. ABRET will, in its discretion, exercise sound judgment with respect to assistance in investigations by other parties, such as a regulatory agency, another accreditation organization, or a payer. However, ABRET must release information as required by law or court order and will notify governmental agencies if it discovers a performance deficiency that violates federal, state, or local laws or otherwise presents a threat to the public.

ABRET LAB REPORTING CHANGES POLICY

ABRET has adopted this policy to provide guidance to accredited facilities regarding when and how to report changes to ABRET.

1. Changes to the ABRET Standards, Policies, and Procedures. Accredited facilities are expected to maintain continuous compliance with the Standards and other ABRET policies and procedures, including changes to the Standards that occur during the five-year accreditation period. Facilities will be notified of changes, and revised Standards, policies, and procedures will also be published on the ABRET website.

2. Facility Changes.

A. Accreditation is awarded to the facility as its operations are described on its application. A facility shall report to ABRET any change regarding the facility's operations or other development that is related to accreditation. Facilities are expected to notify ABRET in writing within 90 calendar days after the facility first learns of the development and must provide documentation of the resolution of the matter within 90 calendar days after resolution. Examples of information that must be reported include (but are not limited to):

- i. contact information changes;
- ii. personnel changes, including medical director;
- iii. changes in the facility's address or the location(s) where services are provided;
- iv. changes in ownership or management of the facility;
- v. discontinuing a service or ceasing to do business;
- vi. being investigated or sanctioned for fraud or other misconduct by a government agency; and
- vii. being sued by a patient.

B. Regarding personnel changes, the facility shall notify ABRET of the departure of personnel and shall submit a replacement plan within 30 calendar days.

C. Regarding ownership changes, accreditation cannot be transferred without written approval from ABRET. Accreditation may not be divided or shared following a sale, dissolution or other change in ownership or legal structure.

D. ABRET will review the change to determine whether the facility's existing

accreditation remains valid following the change or if the change requires the facility to re-apply for accreditation. ABRET may require the facility to submit additional evidence of continuing compliance.

ACCREDITATION TRADEMARK POLICY

ABRET permits laboratories and other facilities to use the ABRET name to state the fact of accreditation in accordance with this policy as long as active accreditation is maintained.

1. Ownership. The acronym “ABRET”, the name “ABRET Neurodiagnostic Credentialing and Accreditation,” and the accreditation certificates and other emblems of ABRET are the sole and exclusive property of ABRET and are subject to all applicable trademark and other rights of ABRET as owner under United States intellectual property law and international conventions. Facilities shall not use these items, or any other intellectual property owned by ABRET, except as expressly authorized in this policy or otherwise authorized in advance and in writing by ABRET.

2. License. For the duration of accreditation, ABRET will permit an accredited facility to use the ABRET name and accreditation certificate for the sole purpose of indicating accreditation by ABRET. All goodwill associated with these items as used by accredited facilities inures solely to the benefit of ABRET.

3. Permitted Uses. Facilities may display the accreditation certificate at its accredited location(s). Facilities may use the ABRET name on:

- A. letterhead and business cards;
- B. websites; and
- C. advertisements, brochures, and other promotional materials.

4. Conditions of Use.

- A. All use of the ABRET name must be accurate and supportive of ABRET objectives and must do so in a manner that is compatible with the mission of ABRET.
- B. All use of the ABRET name must be truthful and not misleading. Specifically, a facility shall not use this name:
 - i. unless ABRET has made an official accreditation decision;
 - ii. in connection with services or testing areas in which the facility is not accredited;
 - iii. in any manner that reflects negatively on ABRET or its activities;
 - iv. in any manner that conflicts with ABRET policies and procedures;
 - v. to state or imply that the facility has any relationship with ABRET other than as an accredited facility; or
 - vi. to state or imply that ABRET is endorsing or guaranteeing any product or service offered by the facility.
- C. Facilities shall not use the ABRET name (or a word or design that is confusingly similar to an ABRET trademark) as part of the facility's business name, logo, domain name, or product or service name.

- D. The ABRET name may not be the most prominent visual element on the facility's promotional materials. The facility's business name and/or logo, product or service name, and graphics should be significantly larger than the reference to ABRET accreditation.
- E. If space permits, then use of the ABRET name must be accompanied by an acknowledgement of ABRET ownership. This acknowledgement should appear as a footnote with the copyright notice, at the end of a printed document, or at the bottom of a webpage. Please include the following acknowledgement: The ABRET name is a registered trademark owned by ABRET Neurodiagnostic Credentialing and Accreditation and is used by permission.
- F. If accreditation ends, then the facility shall:
 - i. cease use of any statement that indicates active ABRET accreditation;
 - ii. return all certificates and other items provided by ABRET, without retaining copies; and
 - iii. not distribute any materials containing a statement of active ABRET accreditation that the facility might already have prepared.
- G. The facility is responsible for correcting (at its expense) any outdated or otherwise inaccurate reference to active ABRET accreditation.

5. Quality Control. ABRET has the right to control the quality of all materials on which its name is used in a statement indicating active ABRET accreditation. ABRET will have access to the materials which the facility makes publicly available (such as business cards, letterhead, etc.). Also, the facility shall submit samples if requested by ABRET. If ABRET determines that the facility is not meeting the requirements of this policy, ABRET will notify the facility and provide an explanation. The facility shall correct the violation within 30 calendar days after receipt of the notice. ABRET is the final judge as to whether any use of the ABRET name is consistent with this policy.

6. Consequences of Misuse. ABRET is committed to protecting its intellectual property for the benefit of all accredited facilities and the general public as consumers. If a facility fails to comply with this policy or otherwise misuses an accreditation certificate, the ABRET name, or other intellectual property of ABRET, then ABRET may revoke or take other action with regard to the facility's accreditation status in accordance with the ABRET ACCREDITATION ADVERSE ACTION POLICY. If the facility is not accredited by ABRET at the time of the misuse, then ABRET will require corrective action as a condition of eligibility for accreditation should the facility seek accreditation at a later time. In addition, ABRET may pursue other remedies that may be legally available.

7. Further Information. If an individual has a question regarding use of these marks, please contact ABRET.

ABRET LAB ADVERSE ACTION POLICY

ABRET has developed this Adverse Action policy to articulate standards of conduct for eligibility for accreditation and continued accreditation. This policy was also adopted to establish a fair process for addressing noncompliance with ABRET Standards, policies,

and procedures.

- 1. General Principles.** Facilities and their staff must:
 - A.** be truthful, forthcoming, prompt, and cooperative in their dealings with ABRET;
 - B.** be in continuous compliance with ABRET's Standards, policies, and procedures (as amended from time to time by ABRET);
 - C.** respect ABRET's intellectual property rights;
 - D.** abide by laws related to the profession and to general public health and safety; and
 - E.** carry out their professional work in a competent and objective manner.
- 2. Grounds for Adverse Action.** Grounds for adverse action include:
 - A.** Providing fraudulent or misleading information;
 - B.** Failure to pay fees when due;
 - C.** Unauthorized possession or misuse of ABRET intellectual property;
 - D.** Misrepresentation of accreditation status;
 - E.** Refusal to allow ABRET to conduct an on-site visit, if requested;
 - F.** Failure to provide requested information in a timely manner;
 - G.** Failure to inform ABRET as required by the Reporting Changes policy;
 - H.** Noncompliance with laws related to the facility's business or to general public health and safety;
 - I.** Adverse action by a governmental agency or an accreditation or professional organization other than ABRET; and
 - J.** Other failure to maintain continuous compliance with ABRET Standards, policies, and procedures.
- 3. Sanctions.**
 - A.** ABRET may impose one or more of the following sanctions for failing to adhere to ABRET Standards, policies, and procedures:
 - i.** Denial of accreditation;
 - ii.** Revocation of accreditation;
 - iii.** Non-renewal of accreditation;
 - iv.** Suspension of accreditation for a specific period of time;
 - v.** Reprimand;
 - vi.** Notification of other legitimately interested parties; or
 - vii.** Other corrective action.
 - B.** The sanction must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the facility and deterrence of similar conduct by others. The sanction decision may also take into account

aggravating circumstances, prior adverse action history, and mitigating circumstances. No single sanction will be appropriate in all situations.

4. Compliance with ABRET Standards, Policies, and Procedures. A facility must be in continuous compliance with all ABRET Standards, policies, and procedures. Each facility bears the burden for demonstrating and maintaining compliance at all times.

5. Non-Payment of Fees. Failure to pay fees when due results in automatic suspension of accreditation. Accreditation may be reinstated if the facility pays all fees within thirty (30) days after the original due date. Failure to pay fees within this time period results in automatic termination of accreditation.

6. Complaints.

A. Persons concerned with possible violation of ABRET rules are encouraged to contact ABRET. The person should submit a written statement identifying the facility alleged to be involved and the facts concerning the alleged conduct in detail, and the statement should be accompanied by any available documentation. The statement should also identify others who may have knowledge of the facts and circumstances concerning the alleged conduct. The person making the complaint should identify him/herself by name, address, email address, and telephone number. However, ABRET will consider anonymous complaints as long as sufficient information is provided to enable ABRET to conduct an appropriate investigation.

B. Actions taken under this Policy do not constitute enforcement of the law. Individuals bringing complaints under this Policy are not entitled to any relief or damages by virtue of this process.

7. Pending Allegations. ABRET may place an application on hold while allegations of misconduct are pending.

8. Establishment of Review Committee and Hearing Committee.

A. The ABRET President will appoint a Review Committee and a Hearing Committee on an ad hoc basis as needed to consider alleged violations of ABRET Standards, policies, and procedures.

B. Each of these Committees will be composed of five members drawn from current or former ABRET volunteers.

C. A committee member may not simultaneously serve on more than one committee and may not serve on any matter in which his or her impartiality might reasonably be questioned, or which presents an actual or apparent conflict of interest.

D. At all times during ABRET's handling of the matter, ABRET must exist as an impartial review body.

i. In order to avoid actual, apparent, or perceived conflicts of interest, no member is permitted to serve on the Review Committee or the Hearing Committee whenever:

- a.** A member has formed an opinion on the matter; or
- b.** A member is or has been employed by the facility that is the

subject of the allegation; or

c. The member has special knowledge that could bias his/her decision relative to either the facility or ABRET.

ii. If anyone identifies a situation where the impartiality of a Committee member might reasonably be questioned, or which presents an actual or apparent conflict of interest:

a. The member shall make full disclosure of such matter by reporting the possible conflict or bias immediately to the Committee chair; and

b. The Board of Directors shall determine whether the member is permitted to continue to participate as a Committee member.

E. Each Committee shall elect its own Chair.

F. Committee action shall be determined by majority vote.

G. When a committee member is unavailable to serve by resignation, disqualification or other circumstance, the President of ABRET shall designate another individual to serve as an interim member.

9. Review Procedures.

A. Initial Evaluation by President.

i. Upon receipt of a complaint or a change notice, the Executive Director will confer with the President. The President or the Executive Director may request supplemental information.

ii. If the Executive Director and President determine that the complaint is frivolous or that the change is not relevant to certification, no further action will be taken.

iii. If the Executive Director and President determine that ABRET lacks jurisdiction over the complaint or the facility that is the subject of the complaint, then they may refer the matter to the appropriate governmental agency, or another entity engaged in the administration of law.

iv. If the Executive Director and President determine that the complaint is not frivolous or that the change may be relevant to certification, it will be forwarded to the Review Committee for investigation.

v. Facilities submitting change notices and persons submitting complaints will be notified of the decision of the Executive Director and President.

B. Audits. ABRET may conduct one or more compliance audits. If ABRET discovers a possible violation of ABRET rules, the Executive Director will confer with the President to determine whether the allegation will be forwarded to the Review Committee for investigation.

C. Procedures of the Review Committee.

i. The Review Committee will investigate the allegations. The Review Committee may contact the individual who submitted the complaint, the

facility in question, and others who may have knowledge of the facts and circumstances surrounding the allegations. They may conduct an investigative site visit.

ii. If the Committee determines that the facts are inadequate to sustain a finding of a violation of ABRET rules, no further action will be taken. Facilities submitting change notices and persons submitting complaints will be notified of this decision.

iii. If the Committee finds that good cause exists to question whether a violation of an ABRET rule has occurred, the Committee will transmit a statement of the following information to the facility by traceable delivery service, signature required:

- a. the applicable rule;
- b. the facts constituting the alleged violation;
- c. that the facility may request an oral hearing (in person or by phone) or a review by written briefing for the disposition of the matter, with the facility bearing its own expenses;
- d. that the facility has thirty (30) days after receipt of the statement to notify the President and the Committee if it disputes the allegations, has comments on available sanctions, and/or requests an oral hearing in person, an oral hearing by phone, or a review by written briefing;
- e. that, in the event of an oral hearing, the facility may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on its behalf;
- f. that the truth of the allegations or failure to respond may result in sanctions including revocation; and
- g. that if the facility does not respond, or if the facility responds but does not dispute the allegations, comment on available sanctions, or request a review or hearing, then the facility waives its right to further review and appeal, and consents to the Review Committee rendering a final decision on the evidence before it and applying available sanctions.

iv. The Review Committee may offer the facility the opportunity to negotiate a specific sanction. Any agreed-upon sanction must be documented in writing and signed by ABRET and the facility.

D. Procedures of the Hearing Committee.

i. **Written Review.** If the facility requests a review by written briefing, the Review Committee will forward the allegations, the record of the investigation, the determination of a violation, the recommendation regarding sanction(s), and the response of the facility to the Hearing Committee. Written briefing may be submitted within thirty (30) days following receipt of the written review request by the Hearing Committee. The Hearing Committee will render a decision based on the record below and written briefs (if any) without an oral hearing.

- ii. Oral Hearing. If the facility requests a hearing:
 - a. The Review Committee will:
 - (1) forward the allegations, the record of the investigation, the determination of a violation, the recommendation regarding sanction(s), and the response of the facility to the Hearing Committee; and
 - (2) designate one of its members to present the allegations and any substantiating evidence, examine and cross-examine witnesses and otherwise present the matter during the hearing.
 - b. The Hearing Committee will:
 - (1) schedule a hearing after the request is received, allowing for an adequate period of time for preparation; and
 - (2) send by traceable delivery service, signature required, a Notice of Hearing to the facility. The Notice of Hearing will include a statement of the time and place selected by the Hearing Committee. The facility may request modification of the time and place for good cause. Failure to respond to the Notice of Hearing will be deemed to be the facility's consent for the Review Committee to administer any sanction which it considers appropriate.
 - c. The Hearing Committee will maintain a verbatim oral or written transcript.
 - d. ABRET and the facility may consult with and be represented by counsel, make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements and present written briefs as scheduled by the Hearing Committee.
 - e. The Hearing Committee shall determine all matters relating to the hearing.
 - f. Formal rules of evidence do not apply. Relevant evidence may be admitted. Disputed questions will be determined by the Hearing Committee.
 - g. The right to the hearing may be forfeited if the facility fails to appear without good cause.
- iii. In all written reviews and oral hearings:
 - a. The Hearing Committee may accept, reject, or modify the recommendation of the Review Committee, either with respect to the determination of a violation or the recommended sanction.
 - b. Proof is by preponderance of the evidence.
 - c. The Hearing Committee will issue a written decision following the review or hearing and any briefing. The decision will contain factual findings, conclusions regarding ABRET's rules, and any sanctions applied. It will be mailed promptly by traceable delivery service, signature required, to the facility.

- E.** If the decision rendered by the Hearing Committee finds that the allegations are not established, no further action on the matter will occur.
- F.** If the decision rendered by the Hearing Committee is not favorable to the facility, the facility may appeal the decision to the ABRET Board of Directors.
- G.** Facilities submitting change notices and persons submitting complaints will be notified of the decision of the Hearing Committee.

10. Appeal to the Board of Directors.

- A.** A Director may not review any matter in which his/her impartiality might reasonably be questioned, or review any matter which presents an actual, apparent, or potential conflict of interest.
- B.** The facility may request an appeal within thirty (30) calendar days after its receipt of the Hearing Committee's decision. After this time, the facility may not request an appeal.
- C.** All appeals must be submitted in writing and sent to ABRET by traceable mail or delivery service.
- D.** The appeal must specify a valid basis for the appeal. If the President determines that the request is frivolous, then the appeal will not proceed.
- E.** The Review Committee may file a written response to the appeal request.
- F.** Written briefing may be submitted within thirty (30) days following receipt of the appeal request by the Board of Directors.
- G.** The Board of Directors will render a decision based on the record below and written briefs (if any) without an oral hearing. Alternatively, the Board of Directors may choose to conduct a new in-depth review of all the facts and rules (a "de novo" review). Only facts and conditions up to and including the time of the Hearing Committee's determination are considered during an appeal.
- H.** In all reviews:
 - i.** In order to overturn a decision of the Hearing Committee, the facility must demonstrate that the Hearing Committee's decision was inappropriate because of (a) material errors of fact, or (b) failure to conform to ABRET's rules. Proof is by preponderance of the evidence.
 - ii.** The Board of Directors may accept, reject, or modify the recommendation of the Hearing Committee, either with respect to the determination of a violation or the recommended sanction. The Board of Directors will issue a written decision following the review and any briefing. The decision will contain factual findings, conclusions regarding ABRET's rules, and any sanctions applied. It will be mailed promptly to the facility by traceable delivery service, signature required.
- I.** A decision rendered by the Board of Directors is final.

J. Facilities submitting appeals and persons submitting complaints will be notified of the decision of the Board of Directors.

11. Permanent Record. All decisions of the Hearing Committee and/or Board of Directors shall be filed as a part of a facility's accreditation record with ABRET.

12. Summary Procedure. If the Executive Director determines that there is cause to believe that a threat of immediate and irreparable harm to the public exists, the Executive Director shall forward the allegations to the ABRET Board of Directors. The Board shall review the matter immediately and provide telephonic or other expedited notice and review procedure to the individual. If the Board determines (following this notice and opportunity to be heard) that a threat of immediate and irreparable injury to the public exists, accreditation may be suspended for up to ninety (90) days pending a full review as provided herein.

13. Reinstatement of Eligibility. Following a period of ineligibility based on noncompliance with ABRET Standards, policies and procedures, the facility may apply for reinstatement of eligibility by demonstrating that it has taken corrective action. Unless and until clear and convincing evidence is submitted, the facility will remain ineligible.

14. Continuing Jurisdiction. ABRET may take action under this Policy during the time when a facility's application is pending and at any time during accreditation. In addition, ABRET retains jurisdiction to review and issue decisions regarding any matter which occurred prior to the expiration, or relinquishment of accreditation.



ABRET LABORATORY ACCREDITATION BOARD (LAB)

RECORD ID SHEET FOR ACCREDITATION

Date	
Facility	
Laboratory Name	

Please complete the following information to help the examiners identify your laboratory's EEGs. Submit the completed form along with the DVD/Flash drive/USB that contains the EEGs, as specified in the reaccreditation reminder email, to the ABRET office or upload to our secure, HIPAA-compliant ShareFile.

EEG	Identifying recording title or number	Date test performed	Last name of Tech	Identify the placement of:	
				Ground	Reference
# 1 – (normal)					
# 2 – (focal)					
# 3 – (generalized)					
# 4 – Lab-EEG selected date					
# 5 – Lab-EEG selected date					

Following review, your DVD/Flash drive/USB will be destroyed using a HIPAA-compliant method, unless you check this box:

<input type="checkbox"/>	If checked, the device that contains the EEGs will be returned to your lab.
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***To prevent problems and delays, and to avoid having to resubmit your data, LAB of ABRET strongly recommends that you double check and verify that your data is viewable before submitting it by ensuring the review software opens the records properly, and that the software displays the data AS RECORDED including instrument settings, impedances, montages, and all tech comments and annotations.

For each record, include a screen shot of the impedances at the beginning and end of the recording, and a hard copy of the patient history, medications, etc.

Please provide additional information/instructions as to how to use your particular reading software and if there are any nuances LAB needs to be aware of (passwords, etc.)

Please call 217-303-5066 or email anna@abret.org if you have any questions. Please contact Anna for a secure ShareFile link or mail your records to:

ABRET: Neurodiagnostic Credentialing & Accreditation
 c/o Anna M. Bonner
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 Cary, NC 27518
 217-726-7980