EEG DOCUMENTATION FORM

Complete the form to log your required number of EEGs (per eligibility pathway), obtain signature, and upload to your ABRET Credential Manager.

Candidate must be present and an active participant in the set-up and recording. ABRET will accept up to five (5) EEGs per day.

Accepted EEGs must be routine recordings. No Long Term Monitoring or Ambulatory cases unless a routine EEG is recorded as a baseline. Routine EEGs must be a **minimum of 20 minutes** in length, and include montage changes, activations, appropriate instrument settings/changes and additional monitors, if necessary. Each patient must have been measured and electrodes applied according to the International 10/20 System of Measurement.

EEGs must have been recorded within the past 5 years with 25% of EEGs completed within 24 months of application.

NAME of TECHNOLOGIST:_____

#	Date of Recording	Hospital/Clinic Name & Lab Phone Number	Reading Physician	Type of Recording (routine, bedside, etc.)	Length of Recording

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 EEGs.

_____

Print Medical Director or Supervisor Name

_____

Phone # ***Email***

Upload completed forms in your Credential Manager with your application.

Random auditing will be conducted by ABRET.

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

EEG DOCUMENTATION FORM

Complete the form to log your required number of EEGs (per eligibility pathway), obtain signature, and upload to your ABRET Credential Manager.

Candidate must be present and an active participant in the set-up and recording. ABRET will accept up to five (5) EEGs per day.

Accepted EEGs must be routine recordings. No Long Term Monitoring or Ambulatory cases unless a routine EEG is recorded as a baseline. Routine EEGs must be a **minimum of 20 minutes** in length, and include montage changes, activations, appropriate instrument settings/changes and additional monitors, if necessary. Each patient must have been measured and electrodes applied according to the International 10/20 System of Measurement.

EEGs must have been recorded within the past 5 years with 25% of EEGs completed within 24 months of application.

NAME of TECHNOLOGIST:_____

#	Date of Recording	Hospital/Clinic Name & Lab Phone Number	Reading Physician	Type of Recording (routine, bedside, etc.)	Length of Recording

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 EEGs.

_____

Print Medical Director or Supervisor Name

_____

Phone # ***Email***

Upload completed forms in your Credential Manager with your application.

Random auditing will be conducted by ABRET.

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