



111 E. University Dr., Ste. 105-355  
 Denton, TX 76209  
 Phone/Fax: (217) 726-7980

## LAB-LTM: Epilepsy Monitoring and Critical Care EEG Monitoring

### PART 1 APPENDICES

#### Appendix 1 Curriculum Vitae

#### Medical Director

(If more than one Medical Director, complete CV Form for each)

Name:		
Degree(s):		
Medical School (name and location):	Year of Graduation:	
<b>Certification(s)</b>		
American Board of Psychiatry and Neurology- Clinical Neurophysiology	YES NO	Date: _____ Certificate number: _____ Expiration: _____
American Board of Clinical Neurophysiology	YES NO	Date: _____ Certificate number: _____ Expiration: _____
Other board:	YES NO	Date: _____ Certificate number: _____ Expiration: _____
Other board:	YES NO	Date: _____ Certificate number: _____ Expiration: _____
Residency (type and location):	Date(s):	
Fellowship (type and location):	Date(s):	

Training in LTM (courses, conferences, workshops, etc.) over past five years:	Date(s):
Active State Licensure(s):	Expiration Date(s):
Current Academic Position(s):	Date Assumed this Position:
Current Hospital Appointments:	Date of Appointments:

In the space below list the most recent publications and presentations (maximum 10, not older than 5 years). Do not include abstracts, but those "in preparation", "submitted", and/or "in press" may be listed.

1
2
3
4
5
6
7
8
9
10

**Appendix 2**  
**Curriculum Vitae**

**Technical Director**

Name:		
Highest Degree:		
College/University (name, location):		Year of Graduation:
<b>Credentials and certifications</b>		
CPR/BLS	YES NO	Date: _____ Certificate number: _____ Expiration: _____
ABRET R. EEG T.  CBRET R.E.T.	YES NO	Date: _____ Credential number: _____ Expiration: _____
ABRET R. EP T.	YES NO	Date: _____ Credential number: _____ Expiration: _____
ABRET CNIM	YES NO	Date: _____ Credential number: _____ Expiration: _____
ABRET CLTM	YES NO	Date: _____ Credential number: _____ Expiration: _____
ABRET NA-CLTM	YES NO	Date: _____ Credential number: _____ Expiration: _____
Other: _____	YES NO	Date: _____ Credential number: _____ Expiration: _____

NDT/END Training Program (type and location):	Date(s):
Other NDT/END Education (type and location):	Date(s):
Training in LTM (description and location):	Date(s):

In the space below list the most recent continuing education credits earned in the field of EEG/LTM. Please do not include courses not related directly to EEG or LTM, such as sleep and CPR courses.

1
2
3
4
5
6
7
8
9
10