

# Application for Programmatic Recognition

## Intraoperative Neurophysiologic Monitoring

Use this form if you have a structured\* or formal training program in Neurophysiologic Intraoperative Monitoring and would like your students to be considered eligible for the ABRET CNIM credentialing examinations without submitting additional education hours.

### Required Standards

- I. Program must be structured and encompass both didactic and clinical instruction.
- II. Instruction must be provided by a CNIM, DABNM or M.D.
- III. Primary Clinical Instructor must have a CNIM or DABNM.
- IV. Minimum of 500 documented clinical contact/activity hours (For example, Case Review, Patient contact, Grand Rounds, clinical practice hours.)
- V. An evaluation process must be in place to establish student/trainee progress.
- VI. There must be a record of students/trainees completing the program and of individuals currently enrolled in the program.

Approved programs will have provided complete and accurate information that demonstrate required standards are being met. The committee is concerned that programs provide structured didactic education and clinical practice opportunities that enable students to learn IOM concepts and participate in clinical practice. This is not an outcomes-based assessment although statistics will play a part in the evaluation of eligibility pathway options.

\*Structured is defined as organized learning that has defined class work, core instruction, an evaluation process for students and clinical hands-on learning. On the job training is NOT considered structured learning.

Approval as a Recognized Program for CNIM Eligibility is NOT to be considered equivalent to programmatic accreditation. ABRET encourages all formal neurodiagnostic training programs to strive for CAAHEP accreditation. With ongoing quality assurance, CAAHEP accreditation demonstrates the program is in substantial compliance with nationally vetted standards and employs best practices in educating technologists. Students and Graduates of CAAHEP accredited programs are able to apply for the ABRET examination using Pathways which expedite access to the credentialing examinations.

## PROGRAM DEMOGRAPHICS

Date:

Program Name:

Address:

City:

State:

Zip:

Phone:

E-mail Address:

Hospital Affiliation/Sponsorship:

Program Coordinator/Primary Instructor:

Phone:

E-mail Address:

Medical Director:

Name and contact information of  
person completing this application  
(if different from above)

**STANDARDS I-II****Program Structure and History**

Do you have regularly scheduled didactic (classroom) training? How many hours a week?	
What is the length of the training program?	
How long has this program been in existence?	
How many students/trainees are currently enrolled in your program?	
Has your program considered CAAHEP accreditation? Why or why not?	

**STANDARD III****Program Coordinator/Primary Instructor**

<b>Name</b>	<b>Highest Degree/ Credentials</b>	<b>Provides Clinical Instruction</b>	<b>Provides Didactic Instruction</b>	<b>Years of experience in Neurodiagnostics or field of expertise.</b>

What do you feel qualifies you to teach?

<b>STANDARD IV Clinical Instructors/Other Faculty</b>				
Denote the Primary Clinical Instructor-The CNIM/DABNM who has oversight for students' clinical instruction and evaluation.				
<b>Name(s) (add lines if necessary)</b>	<b>Degree/ Credentials</b>	<b>Provides Clinical Instruction</b>	<b>Provides Didactic Instruction</b>	<b>Years of experience in Neurodiagnostics or field of expertise.</b>

**Program Attributes**

<b>Standard V Clinical Instruction</b>	<b>Yes</b>	<b>No If no, why not?</b>
Do you have clinical training with supervision? How many hours a week?		
Do students have formal review sessions scheduled with the Medical Director or Clinical Neurophysiologist? How many hours a month?		
Do students have regular review sessions scheduled with a CNIM?		

**Standard VI  
Organization and Support**

Include the following exhibits.

- A. Brief description of the program.
- B. Curriculum
- C. Calendar of classroom and clinical practice sessions.
- D. Clinical competencies each student must meet by the end of training.
- E. List of textbooks/scholarly literature used for each course.
- F. Letter of support from the program from the Medical Director.

<b>Standard VII Evaluation and Outcomes</b>	<b>Yes</b>	<b>No If no, why not?</b>
Are students evaluated and graded?		
By the end of training, are students/trainees able to monitoring in the OR independently?		
Do students/trainees take a final examination?		
Is a transcript provided?		
How many individuals have successfully completed the program?		
How many graduates have earned ABRET credentials?		

## Current Student Technologists

Name	Degree(s)/ Credential(s)	Date training started	Expected date of completion	Number of cases monitored at time of application

## Instructions

Submit the signed application agreement, completed application and exhibits in electronic format, along with a one-time non-refundable \$500.00 fee, payable to ABRET, to:

Program Evaluation Committee  
c/o Lynn Bragg  
7291 Saratoga Hills Dr. NE  
Canton, OH 44721

Or email a PDF to [lynn@abret.org](mailto:lynn@abret.org)

Questions should be emailed to [lynn@abret.org](mailto:lynn@abret.org)

The program coordinator will be contacted if the reviewers have questions or require additional documentation. Please allow six weeks for completion of the review.

A brief Annual Report and a \$200 maintenance fee will be due each year