



## ABRET LAB-NIOM REACCREDITATION FORM

<b>Current Year</b>	
<b>Year of initial accreditation</b>	

<b>Hospital:</b>		
<b>Laboratory:</b>		
<b>Contact Person:</b>		
<b>Title:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Email:</b>		
<b>Medical Director Name:</b>		
<b>Address:</b>		

**Renewing LAB-NIOM Accreditation requires the following:**

- Documentation of compliance with standards based on guidelines for performance, interpretation, established by CMS, AAN, ACNS, ABCN, AANEM, and ASET.
- Submission of a \$700 reaccreditation fee, [payable online](#) or mail check to Executive Office:  
LAB-NIOM, 111 E. University Drive, Ste. 105–355, Denton, TX 76209
- Submission of the requirement documentation.

**Goals:**

- To maintain awareness of expectations and standards.
- Provides the opportunity to receive feedback on any changes that may affect their accreditation status and receive suggested actions to take to maintain compliance.

Hospital: \_\_\_\_\_

**Submission requirements:**

- All renewal forms may be mailed to the address below or **uploaded through a secure ShareFile link**. Request the link from Anna Bonner ([anna@abret.org](mailto:anna@abret.org)).
- *Attachments must be appropriately labeled.*

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

**Note:**

If the reaccreditation application is not received by the end of the year, the laboratory is no longer accredited and will need to reapply for new accreditation.

Please call 217-303-5066 or email [anna@abret.org](mailto:anna@abret.org) if you have any questions.

**What has changed since your initial accreditation? For any YES responses, include documentation/policies.**

<b>Hospital</b>	<b>Yes</b>	<b>No</b>
1. Relationship with the hospital?		
2. Scope of services?		
3. Current Joint Commission Certification?		
<b>Directors, Physicians and Administration</b>	<b>Yes</b>	<b>No</b>
4. Has the Medical Director changed? (If yes, complete <a href="#">Appendix A</a> )		
5. Have there been any changes in Interpreting Physicians? (If yes, complete <a href="#">Appendix B</a> )		
6. Has the Technical Director changed? (If yes, complete <a href="#">Appendix C</a> )		
7. Has the Administrator changed? (If yes, attach name and contact information – <b>Attachment 1</b> )		
<b>NIOM Technologists</b>	<b>Yes</b>	<b>No</b>
8. List current monitoring technologists. (Attach list – <b>Attachment 2</b> )		
9. Do all of your technologists hold a CNIM credential? If not, provide a plan to address this requirement.		
10. Do you have a requirement regarding credentials for staff?		
11. Do you have a continuing education requirement for staff?		
12. Have there been any changes in the other program personnel? (Attach list – <b>Attachment 3</b> )		

Hospital: \_\_\_\_\_

**13. Case Load:** Indicate if the modalities listed below are performed and complete the information for each modality as appropriate.

Modality	Performed		Stimulating montage	Recording montage	Filter settings	No. of responses averaged	Criteria for raising alert
	Yes	No					
SEP Upper							
SEP Lower							
MEP						X	
BAEP							
EEG			X			X	
Nerve to nerve							
Facial nerve EMG						X	
Limb EMG						X	
Corticography						X	
Other (specify):							

If additional explanation is needed, provide it here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**14. If cranial nerve monitoring** (other than BAEP) is performed, describe which nerves are monitored, the number of procedures performed in the last year, and how the monitoring is performed. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**15. If functional cortical localization mapping** is performed, describe the technique used and number of procedures performed in the last year. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**16. If movement disorder surgery** is performed, describe it here. Include number of procedures performed as well as technique and interpretation criteria. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hospital: \_\_\_\_\_

**17. Indicate if the following types of surgery are performed.**

Type of surgery	NIOM Performed		Number monitored in last year
Vertebral column surgery			
Spinal cord surgery			
Spinal dysraphism surgery			
Selective dorsal rhizotomy			
DREZ and other pain procedures			
CPA surgery (tumor/MVD)			
Brainstem surgery			
Intracranial cerebral open surgery			
Epilepsy surgery			
Functional Brain mapping			
Other cerebral hemisphere surgery			
Carotid artery surgery			
Aortic surgery open/endovascular			
Cardiac surgery			
Peripheral nerve and plexus surgery			
Movement disorder surgery			
ENT surgery			
Cerebral/spinal endovascular			
Other			

**Interpretation**

**18.** Are all NIOM cases interpreted by a physician interpreter? If not, provide explanation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19.** When does the interpreting physician interpret a NIOM case? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**20.** How does the interpreting physician review the NIOM data? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21.** If an alert is noted, how is it communicated to the surgeon? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital: \_\_\_\_\_

**Interpretation (continued)**

**22.** How many NIOM cases can the physician interpreter be involved with simultaneously? What happens if more than this number of cases is on-going simultaneously?

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**23.** Are all local Medicare rules and regulations regarding NIOM interpretations followed? If not, provide explanation.

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**Documentation**

**24.** Discuss the process by which NIOM reports are created and posted on the patient's chart.

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**25.** How quickly are reports made available on the patient's chart? \_\_\_\_\_

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**26.** Are the number of hours of physician and technologist involvement in the NIOM case noted on the reports? If not, provide an explanation. \_\_\_\_\_

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**27.** What information is kept in the NIOM case event log? \_\_\_\_\_

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**Education and Scholarship**

**28.** What types of educational activities are available within the department for staff? Provide a list of topics addressed in the last year in **Attachment 4**.

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Hospital: \_\_\_\_\_

**Education and Scholarship** (continued)

**29.** How do physician interpreters obtain continuing medical education? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30.** How do technologists (and other monitoring staff) obtain continuing education credits? Is funding available for technologists (and other monitoring staff) to obtain continuing education credits? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**31.** When a new NIOM technique is instituted how are staff trained? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**32.** When new NIOM equipment is purchased how is the relevant training provided and documented? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Policies and Procedures**

**33.** How often is the Policies and Procedures Manual reviewed and updated? \_\_\_\_\_

What is the date of the last P&P Manual update? \_\_\_\_\_

**34.** Describe a quality improvement project completed in the last five years that resulted in improved patient care. (**Attachment 5**) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital: \_\_\_\_\_

**Policies and Procedures (continued)**

<b>35. Have there been any changes in the following policies?</b>	<b>Yes</b>	<b>No</b>
a. Staffing policies		
b. Interpretation policy (include information on who interprets, when they interpret, and on report generation)		
c. Infection prevention		
d. Quality Improvement - Name of project:		
e. Continuing education requirement for staff		
f. Training for new equipment		
g. Training for new types of surgeries/types of monitoring		
h. Emergency coverage		
i. Policy on record retention		

**(If yes, attach revised policy Attachment 6)**

**Attachments must be appropriately labeled.** List of attachments and appendices:

<a href="#">Appendix A (complete pages 9–10)</a>	Change in Medical Director (#4, page 2)
<a href="#">Appendix B (complete pages 11–12)</a>	Change(s) in Interpreting Physicians (#5, page 2)
<a href="#">Appendix C (complete pages 13–14)</a>	Change in Technical Director (#6, page 2)
<a href="#">Attachment 1</a>	Change in Administrator (#7, page 2)
<a href="#">Attachment 2</a>	List of current monitoring technologists (#8, page 2)
<a href="#">Attachment 3</a>	Change(s) in other program personnel (#12, page 2)
<a href="#">Attachment 4</a>	Topics address in educational activities (#28, page 5)
<a href="#">Attachment 5</a>	QI project (#34, page 6)
<a href="#">Attachment 6</a>	Policy change(s) (#35, page 7)
<a href="#">Attachment 7</a>	Letter of support from hospital administration supporting the NIOM program and the continuing education of personnel (page 8)

Hospital: \_\_\_\_\_

**Attestation and Signature**

*I have read the ACNS Guidelines that pertain to Evoked Potentials, NIOM, and the ASET IONM National Competencies for Monitoring and, to the best of my knowledge and belief, our NIOM program complies with the Guidelines and Standards (must be **signed** by the department manager/director and medical director.)*

\_\_\_\_\_  
Director/Manager Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Include a new letter of support from Administration – **Attachment 7**

Reaccreditation forms may be submitted electronically to [anna@abret.org](mailto:anna@abret.org) or by mail to:

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





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

## LAB-NIOM APPENDICES

### Appendix 1 Curriculum Vitae

#### Medical Director

Name:		
Degree(s):		
Medical School (name and location):		Year of Graduation:
Certification(s)		
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:
American Board of Electrodiagnostic Medicine	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 NIOM (description of self-taught courses, workshops, etc.) over past five years:		Date(s):

Name:	
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). Do not include abstracts, and those "in preparation" or "submitted." Articles "in press" may be listed.

**Appendix 2**  
**Curriculum Vitae(s)**

**Interpreting Physicians** (reproduce as necessary/make sure each page is numbered and contains a name)

Name:		
Degree(s):		
Medical School (name and location):		Year of Graduation:
Certification(s)		
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:
American Board of Electrodiagnostic Medicine	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 NIOM (description and location):		Date(s):
Active State Licensure(s):		Expiration Date(s):

Name:	
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). Do not include abstracts, and those "in preparation" or "submitted." Articles "in press" may be listed.

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**Appendix 3**  
**Curriculum Vitae(s)**

**Technical Director**

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG T.	YES NO	Date: Certificate number: Expiration:
ABRET R. EP T.	YES NO	Date: Certificate number: Expiration:
ABRET CNIM	YES NO	Date: Certificate number: Expiration:
ABRET CLTM	YES NO	Date: Certificate number: Expiration:
AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	YES NO	Date: Certificate number: Expiration:

Name:		
Other:	YES NO	Date: Certificate number: Expiration:
END Training Program (type and location):		Date(s):
Other END Education (type and location):		Date(s):
Training in NIOM (description and location):		Date(s):

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

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