EEG DOCUMENTATION FORM

Fill out the form completely. ***8/18***

Candidate must be present and an active participant in the set-up and recording.

ABRET will accept up to three EEGs per day.

NO.	DATE of RECORDING	HOSPITAL/CLINC OFFICE NAME & PHONE NUMBER	READING PHYSICIAN	TYPE OF RECORDING (Routine, Bedside, etc)	LENGTH OF RECORDING	ADDITIONAL MONITORS

Accepted EEGs must be routine recordings. No Long Term Monitoring studies, Ambulatory or Surgical Monitoring cases unless a routine EEG is recording as a baseline. A routine EEG must be a minimum of 20 minutes in length, include montage changes, activation, appropriate instrument settings/changes and additional monitors, if necessary. EEGs must be within the last 5 years with 25% of EEGs completed within 12 months of application.

ABRET
Neurodiagnostic Credentialing and Accreditation

I certify that the information provided is true and accurate on all pages to be submitted. Random auditing will be conducted by ABRET.

CANDIDATE NAME: _____

_____

****Signature of Supervisor*** ***Date*** ***page____of ____***

_____

Print Name ***Phone #*** ***Supervisor Email Address***

*Supervisor is expected to be in authority over candidate and able to verify submitted EEGs