



## Certification Examination in Long Term Monitoring – (CLTM) Application Form

Please read the directions in the HANDBOOK for CANDIDATES carefully before completing this Application.

Name (exactly as it appears on a Government Issued Photo I.D.):

Address:

City:

State:

Zip:

Country:

Telephone Number:

Date of Birth (mm/dd/yyyy):

Email Address:

### **ELIGIBILITY**

Neurodiagnostic Credential

ABRET R. EEG T. Number:

Year Credentialed:

C.B.R.E.T. EEG Number:

Year Credentialed:

(Provide documentation for Canadian Neurodiagnostic Credential)

or

Recertification

Please provide supervisor contact information for validation of your 1 year experience in Neurophysiologic Long Term Monitoring.

Name:

Telephone Number:

Email Address:

(Provide documentation of the required 50 LTM cases monitored. LTM Documentation Form is available on [abret.org](http://abret.org).)



CLTM Application Form - Continued

**BACKGROUND**

Percent of working time currently spent in Long Term Monitoring:

% Epilepsy Monitoring:

% ICU Monitoring:

% Ambulatory Monitoring:

% Other:

Years of experience in Neurodiagnostics:

- 1 year
- 2 to 3 years
- 4 to 5 years
- 6 to 10 years
- More than 10 years

Highest Academic Level Attained:

- GED or equivalent
- High School Graduate
- Vo-tech School Graduate or Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Other

Healthcare Credentials you have earned:

- R. EP T.
- R. PSG T.
- CNIM
- R. NCS T.

Other:

Long Term Monitoring procedures you personally perform:

- Epilepsy Monitoring (adult)
- Epilepsy Monitoring (pediatric)
- Intraoperative Electrocochography
- Extraoperative Cortical Stimulation/Mapping
- PET, Functional MRI, other specialized monitoring
- Wada Testing
- SPECT Monitoring
- ICU Monitoring
- Ambulatory Monitoring



### CLTM Application Form - Continued

Primary reason for taking examination:

- |  |  |
|--|--|
| <input type="radio"/> Job requirement          | <input type="radio"/> Professional advancement |
| <input type="radio"/> Salary increase          | <input type="radio"/> Personal goal            |
| <input type="radio"/> Job security             | <input type="radio"/> School requirement       |
| <input type="radio"/> Competency demonstration | <input type="radio"/> Other                    |

Have you taken this examination before?

- Yes     No

If Yes, indicate what month/year:

If Yes, under what name was the exam taken:

#### Eligibility Questions

Please indicate your answers to the following questions. If you answer yes to ANY question, you must submit a letter of explanation. In your letter, please indicate whether you have reported the information on a previous application. ABRET will review this information and determine whether you are eligible for certification. During this review, your application will be kept on hold:

Have you ever been found to have committed negligence or malpractice related to your professional work?

- Yes     No

Is a disciplinary review pending against you before a governmental regulatory board of a professional organization other than ABRET?

- Yes     No

Are there any criminal charges pending against you?

- Yes     No

Have you ever been convicted of a crime? This includes (but not limited to) rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and prohibited sale, distribution, or possession of a controlled substance.

- Yes     No



CLTM Application Form - Continued

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:

- African American
Asian
Hispanic
Native American
White
Other

Age Range:

- Under 25
25 to 29
30 to 39
40 to 49
50 to 59
60+

Gender:

- Male
Female

COMPLETE ENTIRE APPLICATION BEFORE CONFIRMATION BELOW

Application Agreement

I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the ABRET Neurodiagnostic Credentialing and Accreditation and its officers, directors, employees, and agents (collectively, "ABRET") to review my application and to determine my eligibility for certification.

I acknowledge that I am aware of the availability to request Special Accommodations in compliance with the Americans with Disabilities Act (ADA) as referenced in the candidate handbook.

I have read and agree to be in compliance with the ABRET Rules including but not limited to those listed in the Certification Examination in Long Term Monitoring Handbook for Candidates.

\* I acknowledge that I have read the full content of the Application Agreement provided in the Certification Examination in Long Term Monitoring Handbook for Candidates. I understand this Application Agreement and agree to its terms in consideration for the opportunity to seek certification from ABRET. If not, please contact the ABRET office at (217) 726-7980.

"I Agree"

\* I have read the Certification Examination in Long Term Monitoring Handbook for Candidates and understand that I am responsible for knowing its contents.

"I Agree"

\*I acknowledge upon achieving certification I must inform ABRET, without delay, of matters that can affect the capability to continue to fulfill the certification requirements.

"I Agree"

Signature

(Date)



## CLTM Application Form - Continued

### **PAYMENT**

Please note that when you submit this form you are required to submit the **\$500 CLTM exam payment** along with the **\$50 manual application processing fee**. Total amount **\$550**

Please indicate Payment Type:

- Check
- Money Order
- Visa
- MasterCard

If payment is by credit card, please complete the following:

Name (as it appears on card):

Address (as it appears on billing statement):

City:

State:

Zip:

Country:

Card #:

CVV:

Expiration Date:

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Signature

(Date)

\*\*\*NOTE\*\*\*

All candidates must provide proof of hands-on CPR/BLS training. **A copy of your current CPR card and official documentation must accompany the Application along with payment.**

Please submit your application along with any additional required documentation to the ABRET office.

Candidate will receive a Scheduling Authorization email within five (5) business days upon final review and approval of their completed application and payment.

Candidates will have 3 months to take their exam. If they do not test there is no refund or transfers.

**ABRET Executive Office  
2908 Greenbriar, Ste A  
Springfield, IL 62704  
FAX (217) 726-7989**