



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

## ACCREDITATION APPLICATION

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

### PART 1

#### I. Program Overview

Date Application Submitted:		
Hospital/Institution:		
Department Name:		
Address (include mail code or mail stop):		
City:	State:	Zip:
Name/Title Person Completing This Form:		
Phone:	E-mail Address:	

Is your EEG Laboratory an accredited **ABRET LAB-EEG**?      Yes       No

Which LTM Accreditation are you applying for?	Epilepsy <input type="checkbox"/>	Critical Care <input type="checkbox"/>	Epilepsy w/invasive recordings <input type="checkbox"/>
Is your Pediatric program applying separately from your Adult program?	Yes	No	NA
Are you currently accreditation through the National Accreditation of Epilepsy Centers (NAEC)?	Yes, Level: _____	No, but plan to apply <input type="checkbox"/>	No plans to apply for NAEC <input type="checkbox"/>

### Epilepsy Monitoring

Not applicable

Medical Director:	
Email:	Phone:
Technical Director (or equivalent):	
Email:	Phone:
Administrator/Title:	
Email:	Phone:

### Pediatric Epilepsy Monitoring

Same as Epilepsy Monitoring  
 Not applicable

Medical Director :	
Email:	Phone:
Technical Director (or equivalent):	
Email:	Phone:
Administrator/Title:	
Email:	Phone:

### Critical Care EEG

Same as Epilepsy Monitoring  
 Not applicable

Medical Director:	
Email:	Phone:
Technical Director (or equivalent):	
Email:	Phone:
Administrator/Title:	
Email:	Phone:

## II. Volume

Indicate which types of procedures/patients you monitor and number of cases annually:

Type of procedure:	Yes	No	N/A	Number of procedures in the last year
<b>Epilepsy Monitoring</b>				Total:
Diagnostic/Pre-surgical (scalp)				Number:
Invasive extra-operative monitoring				Number:
Have you performed at least 4 invasive recordings in the last 4 years?				
Adult				
Pediatric				
Do you taper AEDs during admission?				

Type of procedure:	Yes	No	N/A	Number of procedures in the last year
<b>ICU/Critical Care EEG</b>				Total:
Adult				
Pediatric				
Neonates				

### Reminders:

1. Have you completed an Application Agreement Form (refer to Introduction & Standards form)? Yes  No
2. Is more than one facility applying for ABRET LAB-LTM Accreditation (i.e., satellite/partner facility, pediatric program separately from adult, etc.)? If so, please list the facilities that are applying: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you paid the processing fee (\$100) yet or would you like to be invoiced for both the processing and accreditation fees (see [ABRET website](#) for details)?  
 Yes  No





## IV. Signature Page

Information provided by:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

We have read the above application and the accompanying instructions manual. We verify that the information contained herein is accurate. Verified by:

1. Medical Director:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

2. Technical Director (or equivalent):

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

3. Administrator: Signature or Letter of Support

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### **\$100.00 is due with submission of the Part I Application**

Contact [Anna@abret.org](mailto:Anna@abret.org) if you require an invoice for processing. [Pay online here](#) or makes checks payable to ABRET LAB-LTM and mail to the:

**ABRET Executive Office  
111 E. University Dr., Ste. 105-355  
Denton, TX 76209**

Submit the Part I application, appendices, and application agreement by email to [anna@abret.org](mailto:anna@abret.org) or mail to:

**ABRET Lab - LTM  
c/o Anna M. Bonner  
2054 Kildaire Farm Road #431  
Cary, NC 27518**