



## Registration Examination for Evoked Potential Technologists – (R. EP T.) 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**

**EP Pathway I – CAAHEP Accredited END Program** - Please indicate school and provide documentation.

- |   |   |
|---|---|
| <input type="checkbox"/> Alvin Community College - Alvin, TX  | <input type="checkbox"/> Kirkwood Community College - Cedar Rapids, IA                      |
| <input type="checkbox"/> American Institute of Medical Sciences & Education - Piscataway, NJ              | <input type="checkbox"/> Laboure College - Boston, MA                                       |
| <input type="checkbox"/> Bellevue College - Bellevue, WA  | <input type="checkbox"/> LaCite Collegiale – Ottawa, ON                                     |
| <input type="checkbox"/> British Columbia Institute of Technology - Burnaby, BC                           | <input type="checkbox"/> Lincoln Land Community College - Springfield, IL                   |
| <input type="checkbox"/> Carnegie Institute - Troy, MI  | <input type="checkbox"/> Mayo School of Clinical Neurophysiology - Rochester, MN            |
| <input type="checkbox"/> Catawba Valley Community College - Hickory, NC                                   | <input type="checkbox"/> Medical Education and Training Campus (METC) – Ft. Sam Houston, TX |
| <input type="checkbox"/> Concorde Career College – San Bernardino, CA                                     | <input type="checkbox"/> MiRIS Consortium – Lansing, MI                                     |
| <input type="checkbox"/> Concorde Career Institute-Arlington – Arlington, TX                              | <input type="checkbox"/> Orange Coast College - Costa Mesa, CA                              |
| <input type="checkbox"/> Crozer-Chester Medical Center - Chester, PA                                      | <input type="checkbox"/> Pamlico Community College - Grantsboro, NC                         |
| <input type="checkbox"/> Cuyahoga Community College END Program - Parma, OH                               | <input type="checkbox"/> Sinclair Community College EEG Tech Program – Dayton, OH           |
| <input type="checkbox"/> Fox Valley Technical College Neurodiagnostic Technologist Program – Appleton, WI | <input type="checkbox"/> Southeast Technical Institute - Sioux Falls                        |
| <input type="checkbox"/> Gateway Community College - Phoenix, AZ  | <input type="checkbox"/> University of Holy Cross – New Orleans, LA                         |
| <input type="checkbox"/> Institute of Health Sciences – Hunt Valley, MD                                   | <input type="checkbox"/> University of Utah Hospital – Salt Lake City, UT                   |
| <input type="checkbox"/> Johnson County Community College – Olathe, KS                                    | <input type="checkbox"/> Vanderbilt University Medical Center – Nashville, TN               |

CAAHEP Program Setting:

- Traditional       Online/Distance

Please indicate your CAAHEP graduation or anticipated graduation date:

(MM/DD/YYYY)



**EP Application Form - Continued**

**EP Pathway II – Associate Degree or Higher or Current R. EEG T.** (Provide documentation for degree, 25 EP cases, 30 hours education in EP or NIOM)

Please provide supervisor contact information for validation of your 2 years of experience in electroneurodiagnostics.

Name:

Telephone Number:

Email Address:

or applying for  **Recertification** of current R. EP T.

**BACKGROUND**

Years of experience in Neurodiagnostics:

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

Percent of working time currently spent in Evoked Potentials:

- Less than 25%
- 25% to 75%
- More than 75%

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

Evoked Potential Examinations Recorded:

- Less than 200
- 201 to 500
- 501 to 1000
- More than 1000

Indicate any of the following procedures you personally record:

- Visual
- Somatosensory lower extremity
- Intraoperative Monitoring
- Electroretinography
- ICU Monitoring
- Somatosensory upper extremity
- Brainstem auditory
- P300 or cognitive
- Epilepsy Monitoring
- Other



### EP Application Form - Continued

Healthcare Credentials you have earned:

- R. EEG T.                       CNIM  
 CLTM                               R. PSG T.  
 R. NCS T.

Other:

Are you currently certified, registered, or licensed by another organization?

- Yes     No    If Yes, indicate organization:

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



## EP 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

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### 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 American Board of Registration of Electroencephalographic and Evoked Potential Technologists and its officers, directors, employees, and agents (collectively, "ABRET") to review my application and to determine my eligibility for certification.

I have read and agree to be in compliance with the ABRET Rules including but not limited to those listed in the *Registration Examination for Evoked Potentials Handbook for Candidates*.

\* I acknowledge that I have read the full content of the Application Agreement provided in the *Registration Examination for Evoked Potentials 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 *Registration Examination for Evoked Potentials Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

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Signature

(Date)

EP Application Form - Continued

**PAYMENT**

Please note that when you submit this form you are required to submit the **\$400 EP exam payment** along with the **\$50 manual application processing fee**. Total amount **\$450**

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.

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**