



## Educational Documentation Form R. EEG T. or R. EP T.

Name
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Address:
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Social Security No:
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E-mail/Phone
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Certificate No.	Date of Certification:	Expiration Date:
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Continuing Education applies towards **EEG** **Evoked Potentials (EP)**

If you are submitting a Part I or Part II Midpoint Recertification please use the online form located on our website [www.abret.org](http://www.abret.org)

Full recertifications must submit all required hours along with the \$75 recertification fee.  
**As of January 1, 2015 this fee will be \$100 every 5 years.**

- Education hours are credited on a 1:1 basis. One hour of education (contact) equals one education credit.
- EEG or EP-specific education includes department inservices, review courses, local, state, regional or national professional meetings, and journal reviews earning ACE credits through ASET (*journal reviews may count for no more than half of the required hours*), covering EEG or EP or relevant Intra-operative Monitoring/Neurology topics. Any educational format where appropriate content is the focus will be accepted. Persons presenting a lecture may count the lecture hour(s) as continuing education, as long as this activity is not related to employment as an educator.
- When renewing more than one credential, continuing education may overlap if obtained within the appropriate time frame, but must be documented appropriately on the accepted form.
- Verification of participation in continuing education may be required by ABRET. Records should be maintained by the technologist.
- Technologists should notify ABRET of any address or name change.
- Paperwork and fee should be submitted **prior to the expiration date**, in the year the certification expires.
- When a technologist's credential expires, recertification is required to reclaim certification.
- When a technologist fails to renew his/her credential, they are not eligible to legally claim certification.

**Incomplete forms will not be accepted.** Proof of attendance does not need to accompany this form.

## EDUCATIONAL DOCUMENTATION FORM

Name: \_\_\_\_\_

R. EEG T.   R. EP T.   Number: \_\_\_\_\_

(Circle one of the above)

COURSE NAME	DATE(S)	LOCATION	TOPIC	SPONSOR	EDUCATION CREDITS ACQUIRED (1 hour = 1 credit)
<b>TOTAL HOURS</b>					

I understand that providing false information on this form may result in suspension or revocation of my certification.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

Return this form to the ABRET Executive Office, 2908 Greenbriar, Suite A, Springfield, IL 62704.  
 Incomplete forms will be returned.  
 Approximately 10% of forms will be randomly audited for proof of attendance.  
 Revised 12/08