



CLTM Educational Documentation Form

Name

Address:

Social Security No:

E-mail/Phone

Certificate No.

Date of Certification:

Expiration Date:

Maintaining a CLTM credential will require documentation of continuing education, totaling a minimum of 50 hours over the five year period following initial certification. A \$75 fee is required.

As of January 1, 2015 this fee will be \$100 every 5 years.

- In lieu of formal ACE or CME credit hours, education hours are credited on a 1:1 basis. One hour of education (contact) equals one education credit.
- CLTM-specific education would include department inservices, review courses, local, state, regional or national professional meetings, journal reviews earning ACE credits through ASET (*journal reviews may count for no more than half of the required hours*), covering EEG, EP, IOM, or relevant Neurology, Epilepsy or Critical Care 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: _____

CLTM Number: _____

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

Please reproduce form as needed.

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 and appropriate content