





## CNIM Application Form - Continued

Please provide supervisor contact information for validation of your Neurophysiologic Intraoperative Monitoring experience.

Name:

Telephone Number:

Email Address:

## **BACKGROUND**

Percent of working time currently spent in Neurophysiologic Monitoring:

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

Years of experience in Neurodiagnostics:

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

Training in Neurophysiologic Intraoperative Monitoring:

- Neurodiagnostic training program       ASET courses  
 On-the-job       Other courses

Highest Academic Level Attained:

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



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Indicate any of the following procedures you personally record in the operating room:

- |   |   |
|---|---|
| <input type="checkbox"/> Intraoperative Scalp EEG | <input type="checkbox"/> Cranial Nerve Supplied EMG |
| <input type="checkbox"/> VEPs                     | <input type="checkbox"/> BAEPs                      |
| <input type="checkbox"/> SSEPs/Spinal Monitoring  | <input type="checkbox"/> Motor Pathway              |
| <input type="checkbox"/> Electrocorticography     | <input type="checkbox"/> Spinal Nerve EMG           |
| <input type="checkbox"/> Cortical Mapping         |   |

Healthcare Credentials you have earned:

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

Other:

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:



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### 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 in the field of Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

Yes  No

Have you ever had a complaint relating to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring filed against you before a governmental regulatory board or professional organization?

Yes  No

Have you ever had your certificate or license to practice subject to limitation, discipline, revocation, or other sanction (including voluntary limitation) by a governmental regulatory board or professional organization relating to Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

Yes  No

Have you ever been the subject of an investigation by law enforcement for conduct related to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

Yes  No

Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring, or are any such charges pending against you? (These include but are not limited to a felony involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution, or use of a controlled substance.)

Yes  No



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### 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 *Certification Examination in Neurophysiologic Intraoperative Monitoring Handbook for Candidates*.

\* I acknowledge that I have read the full content of the Application Agreement provided in the *Certification Examination in Neurophysiologic Intraoperative 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 Neurophysiologic Intraoperative Monitoring Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

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Signature

(Date)



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### **PAYMENT**

Please note that when you submit this form you are required to submit the **\$600 CNIM exam payment** along with the **\$50 manual application processing fee**. Total amount **\$650**.

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.**

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

**ABRET Executive Office  
2908 Greenbrair Dr., Suite A  
Springfield, IL 62704  
FAX (217) 726-7989**