Fill out the form to log the required cases and submit with the application.

Twenty-five evoked cases encompassing three or more modalities, AEF, LEF, MEF, SEF, VEF

Fifty spontaneous cases

 **CANDIDATE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **NO** | **Date of Recording/ Initials of Pt.** | **Type of Recording****Spontaneous or Evoked**  | **Reading Physician** | **Indications for recording** | **Evoked Tasks Performed**  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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![new_abret_logo[1] (2)]()

**Submit completed form with your application. Random auditing will be conducted by ABRET.**

***I certify that the information provided is true and accurate.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature of Medical Director or Supervisor* *Date***

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Print Name Clearly Phone # Email***

 **CANDIDATE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **NO** | **Date of Recording/ Initials of Pt.** | **Type of Recording****Spontaneous or Evoked**  | **Reading Physician** | **Indications for recording** | **Evoked Tasks Performed**  |
| **17** |  |  |  |  |  |
| **18** |  |  |  |  |  |
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 ***Signature of Medical Director or Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***CANDIDATE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| ***NO*** | ***Date of Recording/ Initials of Pt.*** | ***Type of Recording******Spontaneous or Evoked***  | ***Reading Physician*** | ***Indications for recording*** | ***Evoked Tasks Performed***  |
| ***41*** |  |  |  |  |  |
| ***42*** |  |  |  |  |  |
| ***43*** |  |  |  |  |  |
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 ***Signature of Medical Director or Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***CANDIDATE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| ***NO*** | ***Date of Recording/ Initials of Pt.*** | ***Type of Recording******Spontaneous or Evoked***  | ***Reading Physician*** | ***Indications for recording*** | ***Evoked Tasks Performed***  |
| ***65*** |  |  |  |  |  |
| ***66*** |  |  |  |  |  |
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 ***Signature of Medical Director or Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***