

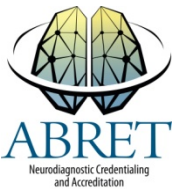
CMEG® DOCUMENTATION FORM

**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: _____

NO	Date of Recording/ Initials of Pt.	Type of Recording Spontaneous or Evoked	Reading Physician	Indications for recording	Evoked Tasks Performed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

4/2017
1/4



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*

CMEG® DOCUMENTATION FORM

CANDIDATE NAME: _____

NO	Date of Recording/ Initials of Pt.	Type of Recording Spontaneous or Evoked	Reading Physician	Indications for recording	Evoked Tasks Performed
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

Signature of Medical Director or Supervisor _____

CMEG® DOCUMENTATION FORM

CANDIDATE NAME: _____

NO	Date of Recording/ Initials of Pt.	Type of Recording Spontaneous or Evoked	Reading Physician	Indications for recording	Evoked Tasks Performed
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					

Signature of Medical Director or Supervisor _____

CMEG® DOCUMENTATION FORM

CANDIDATE NAME: _____

<i>NO</i>	<i>Date of Recording/ Initials of Pt.</i>	<i>Type of Recording Spontaneous or Evoked</i>	<i>Reading Physician</i>	<i>Indications for recording</i>	<i>Evoked Tasks Performed</i>
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					

Signature of Medical Director or Supervisor _____