# NEUROANALYST-CLTM DOCUMENTATION FORM

# CANDIDATE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Fill out the form to log the required 50 cEEGs and have their supervisor sign the bottom of each page.
* The candidate must be the one reviewing the long-term EEG and creating the technical report
* All cases must be done within the last 5 years (with 10% in the last 12 months) and are only counted after the candidate obtained his/her CLTM credential
* No more than 20% of cases listed can be normal without patient events.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **CASE #** | **Date of Recording, Initials, & Age of Patient** |  **Type of Recording****ICU/EMU/AMB** | **Was the recording Normal or Abnormal?** | **If abnormal, was it focal or generalized or both?** | **Did this record contain patient events?** | **Total Length of Recording (minimum of 12 hours)** | **Was a technical report created for this patient by the candidate? Y/N** |
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## I certify that the information provided is true and accurate

## and I recommend this candidate for the NeuroAnalyst-CLTM Exam. Submit completed form with your application.

***Random auditing will be conducted by ABRET.***

***\*\*\*All form pages must be signed\*\*\****

***Signature of Supervisor Date***

 ***page of***

***Print Name Clearly Phone***