# NEUROANALYST-CLTM DOCUMENTATION FORM

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

* Fill out the form to log the required 50 cEEG Analyst Reports and have ABRET credentialed supervisor or medical director sign the bottom of each page.
* The candidate must be the one reviewing the long-term EEG and creating the Analyst Report.
* All recordings and Analyst Reports 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 recordings and Analyst Reports listed can be normal without patient events.
* All patients must have a birth date of age 1 year or older at the time of the recording.

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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 an Analyst Report created for this patient by the candidate? Y/N** |
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## I certify that the information provided is true and accurate. Submit completed form with your application.

## I recommend this candidate for the NeuroAnalyst-CLTM Exam. Random auditing will be conducted by ABRET.

***Signature of Supervisor*** ***(Medical Director or*** ***ABRET Credentialed Supervisor)***

***page of***

***Print Name Clearly Phone and Email***

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