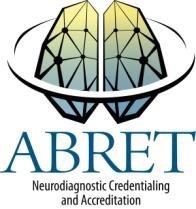
**CLTM® DOCUMENTATION FORM**

**Complete the form to log your required Long Term Cases (50), have supervisor sign, and upload to ABRET Credential Manager.** ABRET will accept **up to three** LTM cases per day. A patient may only be counted **once during each admission**. CLTM eligibility may include but is not limited to EMU, critical care, and long-term floor patient care, scanning/monitoring of those studies, advanced set-up/ checking electrodes (i.e., 10-10 placement, phase II, etc.), clipping/pruning of actively running studies, intra/extra operative functional mapping, reviewing/reading/reporting of long-term and invasive EEGs. **No more than 10% of cases (5) may be ambulatory recordings (AEEG). No more than 10% of cases (5) may be 10-10 electrode placement or electrode maintenance**. Refer to the Content Outline in the CLTM Handbook for further task details**\***. Cases must have been monitored within the last 5 years, with 10% (5) within the last 24 months. Remote Monitoring (RM) LTMs must include a letter of recommendation from either a Physician or NA-CLTM® NeuroAnalyst with documentation submission.

**NAME of TECHNOLOGIST:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Date of Recording** | **Type of Recording**  **ICU/EMU/AEEG/RM**  **No more than 5 cases submitted may be AEEG.** | **Reading Physician** | **Indications for Recording** | **Length of**  **Recording**  **(min. 12 hours)** | **Tasks Performed\***  **No more than 5 cases may be 10-10 electrode**  **placement or maintenance.** |
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 ***I certify that the information provided is true and accurate. Submit the completed form with your application.***

***\*Signature of Medical Director or Supervisor***

***Date***

***page***

***Random auditing will be conducted by ABRET.*** ***\*\*\*All form pages must be signed\*\*\**** ***of***

***3/24***

***Print Medical Director/Supervisor Name Phone # Email***

\*Supervisor is expected to be in authority over candidate and able to verify submitted LTMs