${\bf CLTM}^{\circledR} {\bf DOCUMENTATION FORM}$

Fill out 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. The CLTM eligibility will include patient care time, scanning of studies, set-up/checking electrodes; mapping and writing reports. No more than 10% of cases submitted (5) may be ambulatory recordings. Cases must have been monitored within the last 5 years, with 10% (5) within the last 12 months.

NAME of TECHNOLOGIST:

NO	Date of Recording/ Initials of Pt.	Type of Recording/ ICU/EMU/AMB	Reading Physician	Indications for Recording/ recording min of 12 hours		Tasks Performed	

A		I certify that the information provided is true and accurate.			Submit completed form with your application. Random auditing will be conducted by ABRET. ***All form pages must be signed***			
1		*Signature of Medical Dire	ctor or Supervisor	· Date			page	_of
AF	RET							8/18
	agnostic Credentialing nd Accreditation	Print Name Clearly	Phone #	ŧ	Email			