



Certification Examination in Neurophysiologic Intraoperative Monitoring (CNIM) Application Form

Please read the directions in the HANDBOOK for CANDIDATES carefully before completing this Application.

Name (exactly as it appears on a Government Issued Photo I.D.):

Address:

City:

State:

Zip:

Country:

Telephone Number:

Date of Birth (mm/dd/yyyy):

Email Address:

ELIGIBILITY

☐ **CNIM Pathway I – CAAHEP NIOM Program**

☐ Bloomsburg University – Bloomsburg, PA

☐ Laboure College – Milton, MA

☐ University of Michigan – Ann Arbor, MI

(Provide documentation for degree 100 surgical cases and current CPR/BLS)

☐ **CNIM Pathway II - Neurodiagnostic Credential**

ABRET R. EEG T. or R. EP T. Number: Year Credentialed:

(Provide documentation 150 surgical cases and current CPR/BLS)

☐ **CNIM Pathway III – Bachelor's Degree or Higher**

(Provide documentation for degree, 150 surgical cases, 30 hours education in NIOM and current CPR/BLS)

☐ **CNIM Pathway IV – Non-CAAHEP NIOM Program**

☐ Institute of Health Sciences – Hunt Valley, MD

☐ Medsurant Health Academy – Mason, OH

☐ National Neuromonitoring Fellowship Program – San Antonio, TX

☐ Neuronetwork IONM Training & Education – Houston, TX (closed)

☐ SpecialtyCare IONM, Surgical Neurophysiological Training Program – Brentwood, TN

☐ The IOM Academy – Acworth, GA

☐ The University of New Mexico Hospitals IONM Training Program – Albuquerque, NM

(Provide documentation of program certificate, 150 surgical cases and current CPR/BLS)



CNIM Application Form - Continued

Please provide supervisor contact information for validation of your Neurophysiologic Intraoperative Monitoring experience.

Name:

Telephone Number:

Email Address:

BACKGROUND

Percent of working time currently spent in Neurophysiologic Monitoring:

- ☐ Less than 25% ☐ 25% to 75% ☐ More than 75%

Years of experience in Neurodiagnostics:

- ☐ Less than one ☐ 6 to 10 years
☐ 1 to 2 years ☐ More than 10 years
☐ 3 to 5 years

Training in Neurophysiologic Intraoperative Monitoring:

- ☐ Neurodiagnostic training program ☐ ASET courses
☐ On-the-job ☐ Other courses

Highest Academic Level Attained:

- ☐ GED or equivalent ☐ Master's Degree
☐ High School Graduate ☐ Doctorate
☐ Vo-tech School Graduate or Associates Degree ☐ Other
☐ Bachelor's Degree

Indicate any of the following procedures you personally record in the operating room:

- | | |
|---|---|
| <input type="checkbox"/> Intraoperative Scalp EEG | <input type="checkbox"/> Cranial Nerve Supplied EMG |
| <input type="checkbox"/> VEPs | <input type="checkbox"/> BAEPs |
| <input type="checkbox"/> SSEPs/Spinal Monitoring | <input type="checkbox"/> Motor Pathway |
| <input type="checkbox"/> Electrocorticography | <input type="checkbox"/> Spinal Nerve EMG |
| <input type="checkbox"/> Cortical Mapping | |



CNIM Application Form - Continued

Healthcare Credentials you have earned:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> R. EEG T. | <input type="checkbox"/> R. EP T. |
| <input type="checkbox"/> CLTM | <input type="checkbox"/> R. PSG T. |
| <input type="checkbox"/> R. NCS T. | |

Other:

Primary reason for taking examination:

- | | |
|--|--|
| <input type="radio"/> Job requirement | <input type="radio"/> Professional advancement |
| <input type="radio"/> Salary increase | <input type="radio"/> Personal goal |
| <input type="radio"/> Job security | <input type="radio"/> School requirement |
| <input type="radio"/> Competency demonstration | <input type="radio"/> Other |

Have you taken this examination before?

- ☐ Yes ☐ No

If Yes, indicate what month/year:

If Yes, under what name was the exam taken:

Eligibility Questions

Please indicate your answers to the following questions. If you answer yes to ANY question, you must submit a letter of explanation. In your letter, please indicate whether you have reported the information on a previous application. ABRET will review this information and determine whether you are eligible for certification. During this review, your application will be kept on hold:

Have you ever been found to have committed negligence or malpractice related to your professional work?

- ☐ Yes ☐ No

Is a disciplinary review pending against you before a governmental regulatory board of a professional organization other than ABRET?

- ☐ Yes ☐ No

Are there any criminal charges pending against you?

- ☐ Yes ☐ No

Have you ever been convicted of a crime? This includes (but not limited to) rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and prohibited sale, distribution, or possession of a controlled substance.

- ☐ Yes ☐ No



CNIM Application Form - Continued

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:

- ☐ African American
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ White
- ☐ Other

Age Range:

- ☐ Under 25
- ☐ 25 to 29
- ☐ 30 to 39
- ☐ 40 to 49
- ☐ 50 to 59
- ☐ 60+

Gender:

- ☐ Male
- ☐ Female

COMPLETE ENTIRE APPLICATION BEFORE CONFIRMATION BELOW

Application Agreement

I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the American Board of Registration of Electroencephalographic and Evoked Potential Technologists and its officers, directors, employees, and agents (collectively, "ABRET") to review my application and to determine my eligibility for certification.

I acknowledge that I am aware of the availability to request Special Accommodations in compliance with the Americans with Disabilities Act (ADA) as referenced in the candidate handbook.

I have read and agree to be in compliance with the ABRET Rules including but not limited to those listed in the *Certification Examination in Neurophysiologic Intraoperative Monitoring Handbook for Candidates*.

* I acknowledge that I have read the full content of the Application Agreement provided in the *Certification Examination in Neurophysiologic Intraoperative Monitoring Handbook for Candidates*. I understand this Application Agreement and agree to its terms in consideration for the opportunity to seek certification from ABRET. If not, please contact the ABRET office at (217) 726-7980.

☐ "I Agree"

* I have read the *Certification Examination in Neurophysiologic Intraoperative Monitoring Handbook for Candidates* and understand that I am responsible for knowing its contents.

☐ "I Agree"

*I acknowledge upon achieving certification I must inform ABRET, without delay, of matters that can affect the capability to continue to fulfill the certification requirements.

☐ "I Agree"

Signature

(Date)



CNIM Application Form - Continued

PAYMENT

Please note that when you submit this form you are required to submit the **\$700 CNIM exam payment** along with the **\$50 manual application processing fee**. Total amount **\$750**.

Please indicate Payment Type:

- ☐ Check
☐ Money Order
☐ Visa
☐ MasterCard

If payment is by credit card, please complete the following:

Name (as it appears on card):

Address (as it appears on billing statement):

City:

State:

Zip:

Country:

Card #:

CVV:

Expiration Date:

Signature

(Date)

NOTE

All candidates must provide proof of hands-on CPR/BLS training. **A copy of your current CPR card and official documentation must accompany the Application.**

Please submit your application along with any additional required documentation to the ABRET office.

Candidate will receive a Scheduling Authorization email within five (5) business days upon final review and approval of their completed application and payment.

Candidates will have 3 months to take their exam. If they do not test there is no refund or transfers.

**ABRET Executive Office
2908 Greenbrair, Suite A
Springfield, IL 62704
FAX (217) 726-7989**