**Certification Examination for Autonomic Professionals Technologists – (CAP)**

**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:  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| Telephone Number:  |
|  |
| Email Address:  |
|  |

Country:

Date of Birth (mm/dd/yyyy):

**ELIGIBILITY**

**CAP Pathway I – Associate Degree or Higher** (Provide documentation for degree, 20 autonomic cases, 3 educational activities and current CPR/BLS)

**CAP Pathway II – Employed in Autonomics** (40 autonomic cases, 3 educational activities and current CPR/BLS)

Please provide supervisor contact information for validation of your years of experience in electroneurodiagnostics.

|  |
| --- |
| Name:  |
| Telephone Number:  |
| Email Address:  |

or applying for **Recertification** of current CAP

**BACKGROUND**

Years of experience in Autonomic Testing:

1 year 6 to 10 years
2 to 3 years More than 10 years
4 to 5 years

**CAP Application Form - Continued**

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

Autonomic Examinations Recorded:

20 61 to 100
21 to 40 More than 100

41 to 60

Percent of working time currently spent in Autonomic Testing:

Less than 25% 25% to 75% More than 75%

Educational activities related to autonomics within the last 3 years:

3 activities 7 to 10
4 to 6 activities More than 10

Procedures in Autonomic Reflex Screen (ARS) or Autonomic Function Test (AFT) you personally performed:

 Quantitative Sudomotor Axon Reflex Test (QSART)  Head-up Tilt
 Valsalva Maneuver  Deep Breathing
 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in Reflex Sympathetic Dystrophy Screen you personally performed:

 Quantitative Sudomotor Axon Reflex Test (QSART)  Resting Sweat Output (RSO)
 Thermoregulatory Sweat Test (TST)  Resting Skin Temperatures
 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Credentials you have earned:

|  |
| --- |
| R. EEG T. CNIMCLTM R. PSG T.R. NCS T./CNCT RNR. EP T. |
| Other:  |

**CAP Application Form - Continued**

Primary reason for taking examination:

Job requirement Professional advancement
Salary increase Personal goal
Job security School requirement
Competency demonstration 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

**CAP 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: Age Range: Gender:

African American Under 25 Male
Asian 25 to 29 Female

Hispanic 30 to 39
Native American 40 to 49
White 50 to 59
Other 60+

**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 have read and agree to be in compliance with the ABRET Rules including but not limited to those listed in the *Certification for Autonomic Professionals Handbook for Candidates*.

\* I acknowledge that I have read the full content of the Application Agreement provided in the *Certification for Autonomic Professionals 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 for Autonomic Professionals Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

Signature (Date)

**CAP Application Form - Continued**

**PAYMENT**
Please note that when you submit this form you are required to submit the $400 CAP exam payment along with the $50 manual application processing fee. Total amount **$450**

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 along with payment.**

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

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

**ABRET Executive Office**

**111 E. University Dr. #105-355**

**Denton, TX 76209**

**Phone/FAX (217) 726-7980**