EVOKED POTENTIAL DOCUMENTATION FORM

Fill out the form to log your required clinical EP studies, have supervisor sign, and upload to Credential Manager. Cases must have been recorded within the last 5 years by the applicant, with 10 being recorded within the last 24 months. Cases performed in the Operating Room may not be counted.

CANDIDATE NAME:

NO	Date of Recording/ Initials of Pt.	Hospital/Clinic Office name & phone number	Modality Recorded	Reading Physician	Indications for recording
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	0.0	U	provided is true and ducted by ABRET.		Submit o	completed form	7/2 with your application	
BRET odiagnostic Credentialing and Accreditation	*Signature o	*Signature of Medical Director or Supervisor Date				***All form pages must be signed***		
Print Medical I	Director or Superv		Phone # in authority over co	Emo		hmitted FPs	page _	of _
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Reading

Physician

Indications for recording

All form pages must be signed

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Modality

Recorded

Hospital/Clinic

Office name &

CANDIDATE NAME:

Date of

Recording/

	Initials of Pt.	phone number	kecoraea	Physician	
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*Signature of Medical Director or Supervisor Date

| Print Medical Director or Supervisor Name | Phone # Email

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

Collecting Evoked Potential Studies for R. EP T. examination eligibility

ABRET does not stipulate who the EPs are performed on, whether patients or volunteers. They only have an interest in knowing the candidate is able to perform clinical evoked potential studies outside the OR. It is desirable that all R. EP T.s are able to apply electrodes, stimulate appropriately, obtain and identify waveforms for routine clinical EPs. Since EP studies performed on volunteers are not read by a physician, we will require that a clinical neurophysiologist or physician initial a printout of the study signifying that the study was interpretable and waveforms marked correctly. These should be maintained by the candidate until the credential has been awarded.