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LAB-LTM APPENDICES

Appendix 1 Curriculum Vitae

Medical Director

Name:		
Degree(s):		
Medical School (name and location):		Year of Graduation:
Certification(s)		
American Board of Psychiatry and Neurology- Clinical Neurophysiology	YES NO	Date: Certificate number: Expiration:
American Board of Clinical Neurophysiology	YES NO	Date: Certificate number: Expiration:
Other board:	YES NO	Date: Certificate number: Expiration:
Other board:	YES NO	Date: Certificate number: Expiration:
Residency (type and location):		Date(s):
Fellowship (type and location):		Date(s):
Training in LTM (courses, conferences, workshops, etc.) over past five years:		Date(s):
Name:		

Active State Licensure(s):	Expiration Date(s):
Current Academic Position(s):	Date Assumed this Position:
Current Hospital Appointments:	Date of Appointments:

In the space below list the most recent publications and presentations (maximum 10, not older than 5 years). Do not include abstracts, and those "in preparation" or "submitted." Articles "in press" may be listed.

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**Appendix
Curriculum Vitae(s)**

Technical Director

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG T. CBRET R.E.T.	YES NO	Date: Certificate number: Expiration:
ABRET R. EP T.	YES NO	Date: Certificate number: Expiration:

ABRET CNIM	YES NO	Date: Certificate number: Expiration:
ABRET CLTM	YES NO	Date: Certificate number: Expiration:
Other:	YES NO	Date: Certificate number: Expiration:

Name:	
END Training Program (type and location):	Date(s):
Other END Education (type and location):	Date(s):
Training in LTM (description and location):	Date(s):

In the space below list the most recent continuing education credits earned in the field of EEG/LTM. Please do not include courses not related directly to EEG or LTM, such as sleep and CPR courses.