CNIM® DOCUMENTATION FORM

Fill out the form completely. Indicate hospital name and phone number of OR scheduling office or hospital office for verification of cases. You only need to write information down once. If more than one hospital, indicate as hospital #1, #2, etc.

Candidate must be the primary technologist in the set-up, troubleshooting and monitoring of each case. ABRET will accept up to two cases per day.

CANDIDATE NAME:

NO	DATE Of PROCEDURE	HOSPITAL NAME/ PHONE NUMBER	PRIMARY SURGEON	TYPE OF SURGERY	TIME IN/ OUT OF ROOM	MODALITY (IES) MONITORED

I certify that the information provided is true and accurate on all pages to be submitted.

Submit completed form with your application. Random auditing will be conducted by ABRET.

_____

Signature of Medical Director or Supervisor   Date

page ____ of ____

_____

Print Name Clearly   Phone #

12/09

ABRET