



Registration Examination for Evoked Potential Technologists – (R. EP T.) 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

EP Pathway I – CAAHEP Accredited END Program - Please indicate school and provide documentation.

- | | |
|--|---|
| <input type="checkbox"/> Alvin Community College - Alvin, TX | <input type="checkbox"/> Kirkwood Community College - Cedar Rapids, IA |
| <input type="checkbox"/> American Institute of Medical Sciences & Education - Piscataway, NJ | <input type="checkbox"/> Laboure College - Boston, MA |
| <input type="checkbox"/> Bellevue College - Bellevue, WA | <input type="checkbox"/> LaCite Collegiale – Ottawa, ON |
| <input type="checkbox"/> British Columbia Institute of Technology - Burnaby, BC | <input type="checkbox"/> Lincoln Land Community College - Springfield, IL |
| <input type="checkbox"/> Carnegie Institute - Troy, MI | <input type="checkbox"/> Mayo School of Clinical Neurophysiology - Rochester, MN |
| <input type="checkbox"/> Catawba Valley Community College - Hickory, NC | <input type="checkbox"/> Medical Education and Training Campus (METC) – Ft. Sam Houston, TX |
| <input type="checkbox"/> Concorde Career College – San Bernardino, CA | <input type="checkbox"/> Orange Coast College - Costa Mesa, CA |
| <input type="checkbox"/> Concorde Career Institute-Arlington – Arlington, TX | <input type="checkbox"/> Pamlico Community College - Grantsboro, NC |
| <input type="checkbox"/> Crozer-Chester Medical Center - Chester, PA | <input type="checkbox"/> Southeast Technical Institute - Sioux Falls |
| <input type="checkbox"/> Cuyahoga Community College END Program - Parma, OH | <input type="checkbox"/> University of Holy Cross – New Orleans, LA |
| <input type="checkbox"/> Gateway Community College - Phoenix, AZ | <input type="checkbox"/> University of Utah Hospital – Salt Lake City, UT |
| <input type="checkbox"/> Institute of Health Sciences – Hunt Valley, MD | <input type="checkbox"/> Vanderbilt University Medical Center – Nashville, TN |
| <input type="checkbox"/> Johnson County Community College – Olathe, KS | |

CAAHEP Program Setting:

- Traditional Online/Distance

Please indicate your CAAHEP graduation or anticipated graduation date:

(MM/DD/YYYY)

Or have a **current R. EEG T./R. E T.**

R. EEG T. Number:

Year Credentialed:

(Provide documentation for Canadian Neurodiagnostic Credential)



EP Application Form - Continued

EP Pathway II – Associate Degree or Higher (Provide documentation for degree, 25 EP cases, 30 hours education in EP or NIOM)

Please provide supervisor contact information for validation of your 2 years experience in electroneurodiagnostics.

Name:

Telephone Number:

Email Address:

or applying for **Recertification** of current R. EP T.

BACKGROUND

Years of experience in Neurodiagnostics:

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

Percent of working time currently spent in Evoked Potentials:

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

Highest Academic Level Attained:

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

Evoked Potential Examinations Recorded:

- Less than 200
- 201 to 500
- 501 to 1000
- More than 1000

Indicate any of the following procedures you personally record:

- Visual
- Somatosensory lower extremity
- Intraoperative Monitoring
- Electroretinography
- ICU Monitoring
- Somatosensory upper extremity
- Brainstem auditory
- P300 or cognitive
- Epilepsy Monitoring
- Other



EP Application Form - Continued

Healthcare Credentials you have earned:

- R. EEG T. CNIM
 CLTM R. PSG T.
 R. NCS T.

Other:

Are you currently certified, registered, or licensed by another organization?

- Yes No If Yes, indicate organization:

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 in the field of Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

- Yes No

Have you ever had a complaint relating to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring filed against you before a governmental regulatory board or professional organization?

- Yes No

Have you ever had your certificate or license to practice subject to limitation, discipline, revocation, or other sanction (including voluntary limitation) by a governmental regulatory board or professional organization relating to Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

- Yes No

Have you ever been the subject of an investigation by law enforcement for conduct related to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring?

- Yes No

Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor related to public health and safety, Neurodiagnostics, Evoked Potentials, Neurophysiologic Intraoperative Monitoring, or Long Term Monitoring, or are any such charges pending against you? (These include but are not limited to a felony involving rape, sexual abuse of a patient or



EP Application Form - Continued

child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution, or use of a controlled substance.)

Yes No

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 have read and agree to be in compliance with the ABRET Rules including but not limited to those listed in the *Registration Examination for Evoked Potentials Handbook for Candidates*.

* I acknowledge that I have read the full content of the Application Agreement provided in the *Registration Examination for Evoked Potentials 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 *Registration Examination for Evoked Potentials Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

Signature

(Date)



EP Application Form - Continued

PAYMENT

Please note that when you submit this form you are required to submit the **\$400 EP 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.

In 2017, ABRET moved to onDemand Testing. This means there will be no more application deadline dates or Testing Windows. Candidates will have 3 months to take their exam. If they do not test there is no refund or transfers.

**ABRET Executive Office
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Springfield, IL 62704
FAX (217) 726-7989**