



Certification Examination in Long Term Monitoring – (CLTM) 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

Neurodiagnostic Credential

ABRET R. EEG T. Number:

Year Credentialed:

C.B.R.E.T. EEG Number:

Year Credentialed:

(Provide documentation for Canadian Neurodiagnostic Credential)

or

Recertification

Please provide supervisor contact information for validation of your 1 year experience in Neurophysiologic Long Term Monitoring.

Name:

Telephone Number:

Email Address:

(Provide documentation of the required 50 surgical LTM cases monitored. Form is available on abret.org.)



CLTM Application Form - Continued

BACKGROUND

Percent of working time currently spent in Long Term Monitoring:

% Epilepsy Monitoring:

% ICU Monitoring:

% Ambulatory Monitoring:

% Other:

Years of experience in Neurodiagnostics:

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

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

Healthcare Credentials you have earned:

- R. EP T.
- R. PSG T.
- CNIM
- R. NCS T.

Other:

Long Term Monitoring procedures you personally perform:

- Epilepsy Monitoring (adult)
- Epilepsy Monitoring (pediatric)
- Intraoperative Electrocochicography
- Extraoperative Cortical Stimulation/Mapping
- PET, Functional MRI, other specialized monitoring
- Wada Testing
- SPECT Monitoring
- ICU Monitoring
- Ambulatory Monitoring



CLTM Application Form - Continued

Primary reason for taking examination:

- Job requirement
- Salary increase
- Job security
- Competency demonstration
- Professional advancement
- Personal goal
- School requirement
- 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 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 child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution, or use of a controlled substance.)

- Yes
- No



CLTM 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:

- 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 *Certification Examination in Long Term Monitoring Handbook for Candidates*.

* I acknowledge that I have read the full content of the Application Agreement provided in the *Certification Examination in Long Term Monitoring 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 Examination in Long Term Monitoring Handbook for Candidates* and understand that I am responsible for knowing its contents.

"I Agree"

* I acknowledge upon achieving certification I must inform ABRET, without delay, of matters that can affect the capability to continue to fulfill the certification requirements.

"I Agree"

Signature

(Date)



CLTM Application Form - Continued

PAYMENT

Please note that when you submit this form you are required to submit the **\$500 CLTM exam payment** along with the **\$50 manual application processing fee**. Total amount **\$550**

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 will be moving 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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FAX (217) 726-7989**