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ABRET EEG LABORATORY ACCREDITATION APPLICATION

|  |
| --- |
| **Date:** |
| **Hospital/Institution:** |
| **Laboratory Name:** |
| **Address:**(Include Mail Code) |
| **City:** | **State:** | **Zip:** |
| **Name/Title Person Completing This Form:** |  |
| **Phone:** | **Fax:** |
| **Email:** |
| **Medical Director and Address:** |
| **Administrator/Title and Address:** |

|  |  |
| --- | --- |
| **No. of EEGs performed by your lab per year (approximately)** |  |
| **What procedures are performed in your lab?** | **Routine EEG** | **Pediatric** | **Neonatal** | **Bedside** | **ECI** |
| **Other** |  |

ABRET EEG Laboratory Accreditation

**General Information**

Any laboratory performing clinical EEGs interpreted by a licensed physician (M.D. or D.O.) may apply for accreditation.

At least one of the staff technologists must be an R. EEG T. or Canadian RET.

LAB-EEG requires a formal review of laboratory output, policies and procedures.

The EEG Interpretation (professional component) will not be evaluated.

Submitted records will be returned or destroyed in a HIPAA compliant manner after the process is complete.

A site visit will not be conducted.

Accreditation will be for 5 years.

A list of accredited EEG laboratories will be published.

Successful laboratories will receive a framed certificate.

Unsuccessful labs may reapply in one year.

**Process Check List**

1. Standard 1-3
Submit Application and the following supporting documentation.
* Copy of the Medical Director’s state medical license.
* A list of all staff technologists
* Credential status and registry number(s) of all staff technologists
* List of staff continuing education activities over the last 12 months
* Signed Application Agreement
* Application fee of $100 payable to ABRET
1. Standard 4

Once the application has been accepted, the lab will be asked to submit:

1. The required Policies form your Policy & Procedure Manual (P&P)
* Table of Contents, including page numbers.
* Staffing Policies for technical personnel (Job Descriptions, Competencies, Credentialing, Continuing Education Requirements)
* Infection Control (specific to the EEG Department)
* Quality Improvement (specific to the EEG Department)
* Continuing Education requirements/expectations for Technologists
1. Testing Procedures for each of the following performed:
* Routine EEG
* Pediatric EEG
* Neonatal EEG
* Bedside EEG
* Sleep Deprived EEG
* EEG for Determination of Electrocerebral Inactivity
1. Standard 5

Five complete EEGs (no LTM or ambulatory studies)

* Three EEGs selected by the applicant lab identified as normal, focal, and generalized
* Two randomly selected by LAB-EEG by date, identified as LAB-selected. Include the equipment manufacturer, reading software information, and information on how to view impedances.
* Records should be submitted ‘as recorded’. A reformatted recording is not acceptable.
1. A check for $1,000 payable to ABRET. Visa/MasterCard accepted.
2. Satellite or related labs may apply at a discount, but applications must be submitted together.

EEGs, policies and supporting documentation may be sent on a DVD or USB (flash) drive. Please submit two sets or request a link to ShareFile to upload your EEGs and documents.

 12/2018