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## LAB-NIOM APPENDICES

### Appendix 1 Curriculum Vitae

#### Medical Director

Name:		
Degree(s):		
Medical School (name and location):	Year of Graduation:	
<b>Certification(s)</b>		
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:
American Board of Electrodiagnostic Medicine	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 NIOM (description of self-taught courses, 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). Do not include abstracts, and those "in preparation" or "submitted." Articles "in press" may be listed.

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**Appendix 2**  
**Curriculum Vitae(s)**

**Interpreting Physicians** (reproduce as necessary/make sure each page is numbered and contains a name)

Name:		
Degree(s):		
Medical School (name and location):		Year of Graduation:
<b>Certification(s)</b>		
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:
American Board of Electrodiagnostic Medicine	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 NIOM (description and location):		Date(s):
Active State Licensure(s):		Expiration Date(s):

Name:	
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). Do not include abstracts, and those "in preparation" or "submitted." Articles "in press" may be listed.

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**Appendix 3**  
**Curriculum Vitae(s)**

**Technical Director**

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
<b>Certification(s)</b>		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG 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:
AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	YES NO	Date: Certificate number: Expiration:

Name:		
Other:	YES NO	Date: Certificate number: Expiration:
END Training Program (type and location):		Date(s):
Other END Education (type and location):		Date(s):
Training in NIOM (description and location):		Date(s):

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

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**Appendix 4**  
**Curriculum Vitae(s)**

**Technologists** (reproduce as necessary/make sure each page is numbered and contains a name)

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG 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:
AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	YES NO	Date: Certificate number: Expiration:

Name:		
Other:	YES NO	Date: Certificate number: Expiration:
END Training Program (type and location):		Date(s):
Other END Education (type and location):		Date(s):
Training in NIOM (description and location):		Date(s):

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

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**Appendix 5**  
**Curriculum Vitae(s)**

**Other Staff** (reproduce as necessary/make sure each page is numbered and contains a name)

Name:		
Highest Degree:		
College (name, location):		Year of Graduation:
Certification(s)		
CPR	YES NO	Date: Certificate number: Expiration:
ABRET R. EEG 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:
AAET R. NCS T.	YES NO	Date: Certificate number: Expiration:
D-ABNM	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 NIOM (description and location):	Date(s):

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

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

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**Attach the requested documents for appendices 6 through 12.**

**Appendix 6**

A Letter from the hospital administration supporting the NIOM program and the continuing education of its personnel

**Appendix 7**

List of educational topics/activities for the last 12 months

**Appendix 8**

Table of Contents of Policy and Procedure Manual

**Appendix 9**

Copies of selected policies