



NA-CLTM Advanced Credential Continuing Education Credits (CEUs) Completion Form for In-person EEG Record Review with a NeuroAnalyst-CLTM or Attending Epileptologist

- 1 CEU is awarded for each hour of dedicated¹ review alongside an attending epileptologist
- Form should be filled out by the applicant; relevant fields including signature of NeuroAnalyst-CLTM or attending epileptologist should be filled out

Date of Record Review: _____

Duration of Record Review: _____

Number of EEGs reviewed: ____; Type of EEGs reviewed (long term such as cEEG/LTM, EMU/VEEG, routine, Wada, etc.): _____

EEG normal findings identified and discussed, if applicable:

EEG Abnormalities identified and discussed, if applicable:

*I attest that I was an active participant in a side-by-side EEG record review for the declared duration with a NeuroAnalyst-CLTM or an attending epileptologist on this day.

Print Name of Applicant and Date: _____

Signature of Applicant: _____

Print Name of a NeuroAnalyst-CLTM or Attending Epileptologist and Date: _____

Signature of a NeuroAnalyst-CLTM or Attending Epileptologist: _____

¹ *Dedicated* is defined as side-by-side record review in which dialogue (questions, instruction, feedback) is possible and active between applicant and a NeuroAnalyst-CLTM or attending epileptologist.