**Registration Examination for Electroneurodiagnostic Technologists**

**(R. EEG 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:  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| Telephone Number:  |
|  |
| Email Address:  |
|  |

Country:



Date of Birth (mm/dd/yyyy):



**ELIGIBILITY**

**EEG Pathway I – CAAHEP Accredited NDT Program -** Please indicate school, supervisor/director’s contact information, provide documentation of program completion, 50 EEGs, and current CPR/BLS

 Alvin Community College - Alvin, TX

 American Institute of Medical Sciences & Education -

 Piscataway, NJ

 Bellevue College - Bellevue, WA

 British Columbia Institute of Technology - Burnaby, BC

 Carnegie Institute - Troy, MI

 Catawba Valley Community College - Hickory, NC
 Concorde Career College – San Bernardino, CA

 Concorde Career Institute-Arlington – Arlington, TX

 Crozer-Chester Medical Center - Chester, PA

 Cuyahoga Community College END Program - Parma, OH

 Fox Valley Technical College Neurodiagnostic Technologist
 Program – Appleton, WI

 Gateway Community College - Phoenix, AZ

 Institute of Health Sciences – Hunt Valley, MD

 Johnson County Community College – Olathe, KS

 Kirkwood Community College - Cedar Rapids, IA

 Laboure College - Boston, MA

 LaCite Collegiale – Ottawa, ON

 Lincoln Land Community College - Springfield, IL

 Mayo School of Clinical Neurophysiology - Rochester, MN

 Medical Education and Training Campus (METC) – Ft. Sam Houston, TX

 MiRIS Consortium – Langsing, MI

 Orange Coast College - Costa Mesa, CA

 Pamlico Community College - Grantsboro, NC

 Southeast Technical Institute - Sioux Falls

  University of Holy Cross – New Orleans, LA

  University of Utah Hospital – Salt Lake City, UT

 Vanderbilt University Medical Center – Nashville, TN

CAAHEP Program Setting: Traditional Online/Distance

Please indicate your CAAHEP graduation date:  (MM/DD/YYYY)

**EEG Application Form – Continued**

**EEG Pathway II – Formal END Program -** Please indicate school, supervisor/director’s contact information, provide documentation of program completion, 100 EEGs, and current CPR/BLS.

 Aga Khan University Hospital – Karachi Pakistan
 Boston Children’s END Technology Program –

 Massachusetts

  Children’s of Alabama Neurophysiology Technology

 Program – Alabama

  Hartford Community College Electroneurodiagnostic

 Technology Program – Maryland

  Indiana University Health Neurophysiology on the Job

 Training Program – Indiana
 Lehigh Valley Health Network Neurophysiology Dept. –

 Pennsylvania

 Lurie Children’s Neurodiagnostic Technology Program –

 Illinois

 Medsurant Health Academy (MHA) – Clinical END

 Program – Ohio

  Midwestern Career College Electroneurodiagnostic

 Technology Training Program – Illinois

 Neurodiagnostic Technical Institute – Florida

 Northwestern Memorial Hospital EEG Tech-Assistant

 Program – Illinois

 Penn State Health END Technology Program –
 Pennsylvania

 Sinclair Community College Electroneurodiagnostic

 Technology Program – Ohio

 Texas Children’s Hospital Neurodiagnostic Program –

 Texas
 University of New Mexico Hospitals EEG Technologists

 Training Program – New Mexico

 UPMC Children’s Hospital of Pittsburg Neurodiagnostic

 Training Program – Pennsylvania

**EEG Pathway III – Employed in Neurodiagnostics with Associate’s Degree or RPSGT -** Please provide supervisor/director’s contact information, documentation for degree/registration, 150 EEGs, 30 ASET credits, and current CPR/BLS.

**EEG Pathway IV – Employed in Neurodiagnostics with Measurement Assessment Completed -** Please provide supervisor/director’s contact information, Measurement Assessment Passing Letter, 150 EEGs, 60 ASET credits, and current CPR/BLS.

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

| ABRET R. EP T. Number:  | Year Credentialed:  |
| --- | --- |
|  |  |

**BACKGROUND**

Please provide supervisor/program director’s contact information for validation.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Supervisor/Program Director Telephone Email

Years of experience in Neurodiagnostics:

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

**EEG Application Form – Continued**

Length of training program:

Less than 12 months 19 to 24 months
12 to 18 months Not applicable/Student

Highest Academic Level Attained:

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

EEGs Recorded:

Less than 500 2001 to 5000
500 to 1000 More than 5000
1001 to 2000

EEGs Performed:

ALL analog Both analog and digital but PRIMARILY ANALOG
ALL digital Both analog and digital but PRIMARILY DIGITAL

Indicate any of the following procedures you personally record:

 Ambulatory EEG  Electrocardiograms (ECG)
 Evoked Potentials (EP)  Electronystagmograms (ENG)

 Electroretinograms (ERG)  Epilepsy Monitoring
 ICU Monitoring  Intraoperative monitoring (IOM)

 Nerve Conduction Studies (NCS)  Polysomnograms (PSG)

 None of the above

Healthcare Credentials you have earned:

|  |
| --- |
| R. EP T. CNIM Other:R. PSG T. R. NCS T. |

**EEG Application Form – Continued**

Are you currently certified, registered, or licensed by another EEG Board?

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 related to your professional work?

Yes No

Is a disciplinary review pending against you before a governmental regulatory board of a professional organization other than ABRET?

Yes No

Are there any criminal charges pending against you?

Yes No

Have you ever been convicted of a crime? This includes (but not limited to) rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and prohibited sale, distribution, or possession of a controlled substance.

Yes No

ABRET EEG Exam Available in Standard Spanish. Please check the box below if you would like to be administered the Spanish language EEG Exam. The Spanish language exam is a direct translation of the English EEG Exam, based on an identical content outline with the same number of questions.

Yes, I would like to be administered the Spanish EEG Exam

**EEG 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: Age Range: Gender:

African American Under 25 Male
Asian 25 to 29 Female

Hispanic 30 to 39
Native American 40 to 49
White 50 to 59
Other 60+

**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 Electroencephalographic Technologists Handbook for Candidates*.

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

"I Agree"

Signature (Date)

**EEG Application Form - Continued**

**PAYMENT**
Please note that when you submit this form you are required to submit the $700 EEG exam payment along with the $50 manual application processing fee. Total amount **$750**

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 or official documentation must accompany the Application.**

Please submit your application along with any additional required documentation to the ABRET office.

Candidates will have 3 months to take their exam.  If they do not test there is no refund or transfers.

**ABRET Executive Office**

**2908 Greenbrair, Suite A**

**Springfield, IL 62704**

**FAX (217) 726-7989**