Application for PART II

American Board of Clinical Neurophysiology Certification Examination

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. → A B C 1 2 3

Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued

Last Name and Suffix (Jr.,Sr., etc.) | Last Four Digits of SS#

First Name | Middle Initial

Home Address - Number and Street | Apartment Number

City | State/Province | Zip/Postal Code

Daytime Phone - - | Evening Phone - -

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Part II Examination Tracks

SELECT THE TRACK(S) YOU WOULD LIKE TO ATTEMPT IN THE NEXT TESTING SESSION:

- ☐ Generalist
- ☐ Epilepsy Monitoring
- ☐ Intraoperative Monitoring
- ☐ Critical Care EEG

Background and Training

Darken only one choice for each question unless otherwise directed.

A. YEAR ABCN PART I EXAMINATION COMPLETED:

B. YEAR ABPN SUBSPECIALTY EXAMINATION IN CNP COMPLETED:

C. PREVIOUS PART II TRACKS SUCCESSFULLY COMPLETED:

- ☐ Generalist
- ☐ Epilepsy Monitoring
- ☐ Intraoperative Monitoring
- ☐ Critical Care EEG

D. CURRENT POSITION/APPOINTMENT:

- ☐ Fellow
- ☐ Academic
- ☐ Private Practice
- ☐ VA
- ☐ Clinical Faculty

E. WHAT OTHER BOARD CERTIFICATION DO YOU HAVE? *(Darken all that apply.)*

- ☐ Neurology
- ☐ Neurology with special competence in child neurology
- ☐ Psychiarty
- ☐ Neurosurgery
- ☐ ABPN Subspecialty in CNP
- ☐ ABPN Epilepsy
- ☐ Sleep Medicine
- ☐ Stroke
- ☐ Electrodiagnostic Medicine
- ☐ I do not have any of the above board certifications

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
- ○ Hispanic
- ○ White
- ○ Asian
- ○ Native American
- ○ No Response

Age Range:

- ○ Under 25
- ○ 30 to 39
- ○ 50 to 59
- ○ 25 to 29
- ○ 40 to 49
- ○ 60+

Gender:

- ○ Male
- ○ Female

Candidate Signature

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I certify that the information given in this Testing Center Application is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ ***DATE:*** _____

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