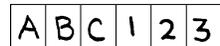


American Board of Clinical Neurophysiology Certification Examination

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.



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:

- General CNP 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 COMPLETED:

Clinical Neurophysiology:

Epilepsy:

C. PREVIOUS PART II TRACKS SUCCESSFULLY COMPLETED:

- General Clinical Neurophysiology
 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
 Psychiatry
 Neurosurgery
 ABPN Subspecialty in CNP
 ABPN Epilepsy
 Neurocritical Care
 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
 Other

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: _____

