

# 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
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## Candidate Information

Last Name and Suffix (Jr., Sr., etc.)	Last Four Digits of SS#
First Name	Middle Initial
Number and Street	Apartment Number
City	State/Province Zip/Postal Code
Daytime Phone	Evening Phone
E-mail Address	

## Part II Examination Tracks

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

- Generalist    
  Epilepsy Monitoring    
  Intraoperative Monitoring

## 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
- 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  
 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

**COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.**

## Candidate Signature

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

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

