

Application for Recertification 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		

Background and Training

Darken only one choice for each question unless otherwise directed.

- A. YEAR INITIAL CERTIFICATION WAS EARNED:**
- B. ABCN TRACK COMPLETED:**
- Generalist
 Epilepsy Monitoring
 Intraoperative Monitoring
- C. WHAT PERCENT OF YOUR TIME DO YOU DEVOTE TO EEG, EXCLUSIVE OF EPILEPSY MONITORING AND INTRAOPERATIVE MONITORING?**
- None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- D. WHAT PERCENT OF YOUR TIME DO YOU DEVOTE TO EVOKED POTENTIALS, EXCLUSIVE OF INTRAOPERATIVE MONITORING?**
- None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- E. WHAT PERCENT OF YOUR TIME DO YOU DEVOTE TO INTRAOPERATIVE MONITORING?**
- None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- F. WHAT PERCENT OF YOUR TIME DO YOU DEVOTE TO EPILEPSY MONITORING?**
- None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%

- G. WHAT PERCENT OF YOUR TIME DO YOU DEVOTE TO SLEEP MONITORING?**
- None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- H. WHAT PERCENT OF YOUR TIME DO YOU DEVOTE TO OTHER FORMS OF PATIENT CARE?**
- None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- I. 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 Male
 25 to 29 40 to 49 60+ 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:

64691

