

American Board of Clinical Neurophysiology Verification of CLINICAL NEUROPHYSIOLOGY Training



ABCN Executive Office
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Candidate's Name	
Candidate's Address	
Location of Clinical Neurophysiology Training	
Dates and Duration of Training	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did candidate complete training satisfactorily?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this candidate capable of appropriate, independent interpretation of EEGs/EPs and do you recommend this candidate for examination?
Other Comments	
Name of training director	
Signature of training director or representative	
Date	

Please return to the ABCN Executive Office