

American Board of Clinical Neurophysiology
Verification of CLINICAL NEUROPHYSIOLOGY-NIOM Training



ABCN Executive Office
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Candidate's Name	
Candidate's Address	
NIOM Training Institution: Name and Address	
Dates and Duration of NIOM Training*	
How many hours were dedicated to NIOM?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did candidate complete NIOM training satisfactorily?
<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please elaborate below)	Is this candidate capable of appropriate, independent live interpretation of NIOM studies and do you recommend this candidate for examination?
Other Comments	
NIOM training expert: Name and Contact Info (e-mail/phone #)	
Signature of NIOM training expert	
Signature of CNP fellowship director or representative (if applicable)	
Date	

* Requirement: a minimum of 4 months or 640 hours of NIOM training, at least half of which have been completed during an accredited CNP fellowship.

If the NIOM training was completed at different institutions, please submit a verification form for each institution.

Please return to the ABCN Executive Office
 janice@abcn.org