## PART I SCANNER FORM

American Board of Clinical Neurophysiology Certification Examination	
MARKING INSTRUCTIONS: This form will be scanned by computer, dark, filling the circles completely. Please print uppercase letters a	
box. See example provided.	and avoid contact with the edge of the
Candidate Information	
Last Name and Suffix (Jr., Sr., etc.)	
First Name	Middle Initial
I II SCHAINE	Tindue illitai
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.	F. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO CRITICAL CARE EEG?
A. HOW LONG WAS YOUR SUBSPECIALTY	○ None ○ 11 to 20% ○ 31 to 50%
FELLOWSHIP?	O 1 to 10% O 21 to 30% O Over 50%
O 06 Months O 12 months O 24 Months O Over 24 months	G. WHAT OTHER BOARD CERTIFICATION DO YOU
B. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE	HAVE? (Darken all that apply.)
TO <u>EEG</u> , EXCLUSIVE OF EPILEPSY MONITIORING	☐ Neurology
AND CRITICAL CARE EEG	☐ Neurology with special competence in child neurology
O None O 11 to 20% O 31 to 50%	Psychiatry
O 1 to 10% Over 50%	□ Neurosurgery
C. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE	☐ ABPN Subspecialty in CNP ☐ ABPN subspecialty in epilepsy
TO <b>EVOKED POTENTIALS</b> , EXCLUSIVE OF	☐ Neurocritical Care
INTRAOPERATIVE MONITORING?	☐ Electrodiagnostic Medicine
O None O 11 to 20% O 31 to 50%	☐ I do not have any of the above board certifications
O 1 to 10% O 21 to 30% Over 50%	OPTIONAL INFORMATION
D. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE	Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to
TO INTRAOPERATIVE MONITORING?	equal opportunity. Such data will be used only in statistical summaries
O None O 11 to 20% O 31 to 50%	and in no way will affect your test results.
○ 1 to 10% ○ 21 to 30% ○ Over 50%	Race:
E. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE	O African American O Hispanic O White O Asian O Native American O No Response
TO EPILEPSY MONITORING?	Age Range: Gender:
<ul><li>○ None</li><li>○ 11 to 20%</li><li>○ 31 to 50%</li><li>○ 1 to 10%</li><li>○ 21 to 30%</li><li>○ Over 50%</li></ul>	O Under 25 ○ 30 to 39 ○ 50 to 59 ○ Male
C 1 to 10% C 21 to 30% C Over 50%	O 25 to 29 O 40 to 49 O 60 + O Female
COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW	O Other
Candidate Signature	
I certify that the information given in this Testing Center Application is accurate, correct, and complete.	

CANDIDATE SIGNATURE: \_\_



DATE: \_



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