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GENERAL INFORMATION

The American Board of Clinical Neurophysiology, Inc. (formerly The American Board of Qualification in Electroencephalography, Inc.) was founded in 1946 by Herbert Jasper, M.D. It is the oldest free-standing Board for medical certification.

The purpose of the Board is to establish and improve standards of knowledge and proficiency in the professional practice of Clinical Neurophysiology. The ABCN examination is intended to test the knowledge of the candidate in CNP involving the central nervous system. The Board will expect the candidate to demonstrate knowledge in the area of basic neurological science that is relevant to understanding and performing related procedures involved with the practice of CNP in disorders of the nervous system. This is accomplished by examinations in the field of Clinical Neurophysiology (CNP) of the Central Nervous System, including Electroencephalography (EEG), Evoked Potentials (EP), and Sleep. The Board grants one or more subspecialty designations (upon successful completion of the Part II examination) in the areas of: General Clinical Neurophysiology, Epilepsy Monitoring, Neurophysiologic Intraoperative Monitoring and Critical Care EEG. The Board issues certification to eligible candidates who have satisfactorily completed both Parts I and II of the examination.

TRAINING REQUIREMENTS

The ABCN is an American Medical Subspecialty board. Therefore, all candidates for Diplomate status must be physicians (MD, DO, MBBS, or equivalent) who have completed primary board certification in Neurology or a related board that is recognized by the American Board of Medical Specialties.

An applicant who wishes to be examined by the Board must be a physician who has successfully completed residency training in Neurology (including Pediatric Neurology) or a related field such as Neurosurgery, Psychiatry, or a critical care specialty such as Anesthesia or Critical Care, in an ACGME, UCNS or RCPSC-accredited program, and has obtained primary board certification in that area of medical subspecialty.

In addition, an applicant must have completed (or will complete within two months) training for a minimum of 12 months (full time, or full-time-equivalent through extended part time training), as supervised by a senior clinical neurophysiologist, in a CNP fellowship program. At least nine months of the 12 month CNP training following successful completion of residency training is required for board eligible status.

The Critical Care EEG Track requires one year of Neurophysiology/EEG Fellowship training or six months of EEG training during NeuroCritical Care Fellowship and an additional six months of supervised experience.

The training required for board eligibility includes broad exposure to the scientific basis of CNP, as well as relevant aspects of technique and instrumentation. Additional knowledge of sleep, NIOM, EM, and EP is required depending on the track chosen. All candidates are expected to have extensive experience interpreting EEGs, in all age groups and in a wide range of clinical disorders.

ABPN Subspecialty in Clinical Neurophysiology Exemption

As of 2016, new applicants who have earned certification through the American Board of Psychiatry and Neurology (ABPN) in Clinical Neurophysiology may submit documentation of this certification and be exempt from taking the ABCN Part I examination. Candidates who are successful on a Part II Track will be awarded a five year Diplomate certification.

ABEM Electrodiagnostic Exemption

As of 2016 applicants who have earned EMG certification through the American Board of Electrodiagnostic Medicine (ABEM) may submit documentation of this certification to be exempt from taking the ABCN Part I
examination, and will be eligible to take the Part II NIOM Track. Upon successful completion, a five year certification in Neurophysiologic Intraoperative Monitoring will be awarded.

The ABCN also offers examination and certification for international candidates who are ineligible for primary (US) board certification. Primary training in Neurology and subspecialty training in CNP is required, as well as a current license to practice medicine. Upon successful completion of the examination, they will designated “International Diplomates” with added competency in General CNP, EM, NIOM or CC-EEG.

APPLICATION PROCEDURE

Applications are submitted online at the ABCN website, www.abcn.org. The application process is complete only when the application fee, the application form, and the required supporting documents have been received by the Executive Office. Candidates who have trained in more than one location must have verification of their attendance from each program director to certify that the applicant has satisfactorily completed the program and is capable of independent interpretation of the appropriate CNP area of interest. Endorsement requests should be obtained near the end of training.

A candidate may apply to take the examination within the last three months of a 1-year fellowship. Upon successful completion of the examinations and notification from the fellowship director that the candidate has competed the fellowship, certification will be awarded.

All ABCN Part I and Part II Tracks are offered twice a year throughout two week testing windows.

Candidates with primary (US) board certification, completing Clinical Neurophysiology training programs should submit
1. A completed ABCN application and application fee.
2. Copy of a valid and current license to practice medicine.
3. Evidence of primary US board certification, e.g. in Neurology from the ABPN, or related field.
4. Documentation from the Clinical Neurophysiology fellowship program director stating that the candidate “has (or will have within three months) completed 12 months of formal training in Clinical Neurophysiology and is competent to interpret CNP studies within their respective area of interest independently without supervision.”
5. The completed scan forms for each part (I and/or II) being attempted (PDFs that may be emailed or faxed.)
6. The examination fee(s). Separate testing center form and fee with intent to examine outside of North America.

Candidates who have not completed primary (US) board certification seeking ABCN International Diplomate status upon completing appropriate CNP training should submit
1. A completed ABCN application and application fee.
2. Documentation of completion of medical training and residency in neurology or related field.
3. Copy of a valid and current license to practice medicine.
4. Documentation from a CNP program director stating that the candidate “has completed 12 months of formal training in CNP and is competent to interpret EEGs and other CNP studies independently without supervision.”
5. The completed scan forms for each part (I and/or II) being attempted (PDFs that may be emailed or faxed.)
6. The examination fee(s).
7. Special Testing Center form and fee (electronic submission) to examine outside of North America, if desired.

It is the responsibility of the applicant to obtain the necessary supporting documentation from the fellowship director, using the forms provided with the application materials. Program directors should send completed forms
directly to the Executive Office. The executive director of the ABCN will verify and notify the candidate of the application eligibility. Admission to the testing period cannot be guaranteed if the application process is not completed prior to the pre-established deadline.

Once an individual’s application is approved by the Board, the applicant is considered an eligible candidate and must take the examinations within 3 years after notification of eligibility.

Candidates may take both Parts I and II of the ABCN exam, or multiple Part II tracks, within the same two week testing period if they wish.

Accommodations will be made for special needs individuals eligible for ABCN Diplomate status after submitting a letter describing the nature of the disability and the special accommodations appropriate for testing purposes. Requests for accommodation for special needs must be received at least 8 weeks before the test date to allow preparation.

**LENGTH OF ELIGIBILITY**

It is expected that both Part I and Part II examinations must be satisfactorily completed within three years after notification of approval of the application. Failure to do so requires that a new application and fee be re-submitted. A candidate who fails either Part must be reexamined and complete the exam process within three years. Candidates are strongly advised to seek further education before re-examination. There is no limit to the number of times a candidate may attempt the examination within the three year period.

**NOTIFICATION OF RESULTS**

ABCN will release results only to the candidate. Certificates are sent to successful candidates within 8 weeks of exam completion. The names of new Diplomates and Certificants are announced on the ABCN website and shared with the American Clinical Neurophysiology Society and may be published in the Journal of Clinical Neurophysiology. Contact information will not be provided. New certificants are added to the ABCN online verification database at www.abcn.org. An opt-out preference is available to prevent disclosure.

**CERTIFICATION AND RECERTIFICATION**

Candidates will be certified by the Board when they have passed both Part I and Part II examinations. Those successfully completing the EM track will be certified in Central CNP “with special competency in Epilepsy Monitoring.” Those successfully completing the NIOM track will be certified as a diplomate of the ABCN “with special competency in Intraoperative Monitoring.” Those successfully completing the General CNP track will be certified in “Central Clinical Neurophysiology.” Those successfully completing the CC-EEG track will be certified “with special competency in Critical Care EEG.”

ABCN certificates are time-limited. Certificants and diplomates are subject to recertification by written examination at the end of ten years.

Physicians certified under the ABPN Clinical Neurophysiology exemption, will be awarded a five year certification and will need to renew their certification at the end of the five year period.

Physicians certified in Neurophysiologic Intraoperative Monitoring under the ABEM exemption will be awarded a five year certification and will need to renew their certification at the end of the five year period.

Any certificate issued by the Board shall be subject to revocation any time the Board shall determine in its sole discretion that the diplomate to whom the certificate was issued either was not properly qualified to receive it or has since become disqualified because the medical license of the diplomate is withdrawn or suspended for cause. Individuals whose certificate has been revoked by the Board will be entitled to appeal the Board’s action by
submitting new evidence to the Board. Any such appeal process must be initiated in writing by the diplomate. If this is done, the Board will consider the new evidence and then take final action. Once this procedure is completed, the Board’s decision will be final and uncontestable. Upon reinstatement of the license, certification will be reinstated upon petition by the physician.

It is the responsibility of the diplomate to keep the Executive Office informed of changes in name and address and licensure status as soon as the change is made.

VERIFICATION OF CREDENTIALS

A database of ABCN Diplomates and Certificates is maintained in the ABCN executive office. An online database of certificants and diplomates is maintained on the ABCN website for verification purposes. Requests to verify credentials in writing should be directed to the office.

The American Board of Clinical Neurophysiology, Inc. does not discriminate on the basis of age, sex, race, religion, national origin, marital status, or disability.

THE BOARD OF DIRECTORS

The Board consists of appointed or elected physicians with special expertise in the performance and practice of central CNP.

AMERICAN BOARD OF CLINICAL NEUROPHYSIOLOGY

PART I EXAMINATION INFOMATION

The three-hour examination will be administered during an established two-week testing period at PSI Computer Testing, Inc. The examination consists of 120 objective, multiple-choice questions (1 correct answer and 3 distractors). Admission to the examination requires submission of the application and application fee. Once accepted, the examination fee of $500 is due to ABCN no later than the published application deadline.

PSI has many computer-based testing sites in the United States. Scheduling is done on a first-come, first-service basis. Please note that hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received an eligibility notice from the ABCN testing organization, Professional Testing Corporation (PTC).

If you do not receive an eligibility notice or other correspondence at least three weeks before the beginning of the two-week testing period, please check your spam folder before contacting PTC directly by telephone at 212-356-0660.

If you need to cancel your examination appointment or reschedule to a different date within the testing period you must contact PSI at 800-211-2754 no later than noon, Easter Standard Time of the second business day PRIOR to your scheduled appointment. There are no refunds for this examination. If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your examination fee.

A candidate who is unsuccessful on the Part I examination may repeat the test within two years without filing a new application by advising the Executive Director and submitting a second examination fee. If the candidate does not pass the examination within five years, a new application, application fee, and examination fee must be filed with the Board. Eligibility requirements will be those in place at the time of the new application.
Part I Content Outline

I. Physiology and Instrumentation 25%

A. Physiology
   1. Anatomy of neural generation
   2. Mechanisms of EEG and evoked potential generation
   3. Pathophysiology of abnormal waveforms
   4. Basic mechanisms of epileptogenesis

B. Instrumentation and Acquisition Procedures
   1. Basic electricity and electronics
   2. Amplifiers and their characteristics
   3. Calibration
   4. Filters
   5. Localization and polarity
   6. Artifacts
   7. Electrical safety
   8. Computers and principles of averaging
   9. Electrodes and their application
   10. Techniques of ECS determination
   11. Statistics
   12. Long term monitoring
   13. Instrumentation and safety in the operating room
   14. Principles of EEG digitalization

II. Clinical EEG 20%

A. Basic EEG Patterns from Prematurity to Senescence
   1. Maturational changes
      a. Neonatal
      b. Other age related changes
   2. Normal adult patterns-wake
   3. Normal variants
   4. Activation procedures

B. Clinical Correlation
   1. Seizures
   2. Other paroxysmal and transient conditions
   3. Focal lesions
   4. Diffuse and multifocal encephalopathies
   5. Coma
   6. Brain death
   7. Drug and other treatment effects
   8. Patterns of uncertain significance
   9. Disorders affecting sleep patterns
   10. Periodic patterns
   11. Neonatal disorders
   12. Extended monitoring

C. Sleep
1. Physiology
2. Instrumentation
3. Clinical

III. Clinical Evoked Potentials

A. Visual
1. Stimulus and recording techniques
2. Physiological parameters
3. Standard parameters of stimulation and recording
4. Criteria of abnormality
5. Clinical correlation

B. Auditory
1. Stimulus and recording techniques
2. Physiological parameters
3. Standard parameters of stimulation and recording
4. Criteria of abnormality
5. Clinical correlation

C. Somatosensory
1. Stimulus and recording
2. Physiological parameters
3. Standard parameters of stimulation and recording
4. Criteria of abnormality
5. Clinical correlation

D. Event related
1. Stimulus and recording techniques
2. Physiological parameters
3. Standard parameters of stimulation and recording
4. Criteria of abnormality
5. Clinical correlation

IV. Sleep

A. Technical, polysomnography
1. Selection of appropriate recorded variables
   a. Neonates and children
   b. Adults
2. Recording parameters for different variables
3. Recording respiration
4. Artifacts

B. Physiology
1. Sleep stage criteria
   a. Neonates and children
   b. Adults
2. Patterns of drowsiness and sleep
   a. Neonates
   b. Children, adults, elderly
3. Sleep indices criteria
4. Normal sleep architecture
5. Normal EEG patterns of drowsiness in children, adults and elderly
6. Circadian rhythms and sleep
7. Neural and neurochemical control of sleep patterns
8. Effects of sleep deprivation, sleep needs

C. Clinical aspects
1. Effect on epileptiform activity and seizures
   a. Neonates and children
   b. Adults
2. Common parasomnias
3. Effects of drugs on sleep architecture
4. Criteria of abnormal sleep architecture
5. Disorders of excessive somnolence
   a. Polysomnographic testing in diagnosis
   b. Multiple sleep latency testing in diagnosis
6. Disorders of initiation and maintenance of sleep
7. Abnormalities of sleep in CNS disease
8. Indications for sleep monitoring

V. Intraoperative Monitoring

A. SEP monitoring for spinal cord, brainstem and cerebral surgery
B. BAEP monitoring techniques for eighth nerve and brainstem surgery
C. EEG monitoring for cerebral surgery
D. Motor evoked potential monitoring for spinal cord surgery
E. Cranial nerve monitoring
F. Criteria for decision making
G. Influence of anesthetic agents

VI. Epilepsy

A. Applications and limitations of ambulatory EEG monitoring
B. Applications and limitations of video/EEG monitoring
C. Recognition of ictal patterns
D. Correlation of EEG patterns with clinical syndromes
E. Intracranial recording

REFERENCES

The latest editions of the following references may be of some help in preparing for the ABCN examination. This list does not attempt to include all acceptable references, nor is it suggested that the exam is necessarily based on these references.


Husain, A.M. Practical Epilepsy. Demos Medical, 2015.


Kryger., M.H., Dement, W., Roth, T. Principles and Practice of Sleep Medicine, 5th Ed. W. B. Elsevier Health Sciences, 2010.


The Part II three-hour examination will be administered during an established two-week testing period at PSI Computer Testing, Inc.

The examination consists of approximately 100 objective, multiple-choice questions (1 correct response and 3 distractors). Candidates will have three hours to complete the track selected. Acceptance to the examination requires submission of a Part II application and $500 exam fee per track.

The candidate must select at least one of four tracks for the completion of Part II. Tracks include Epilepsy Monitoring, Neurophysiologic Intraoperative Monitoring, Critical Care EEG and General Clinical Neurophysiology.

**Epilepsy Monitoring Track**

**Content Outline**

The Epilepsy Monitoring Track will contain more case-based items and will incorporate video segments. Please note that this examination can only be offered in the US and Canada.

I. Correlation of interictal EEG with seizure type 10%
   A. Partial onset
   B. Secondarily generalized
   D. Primary generalized
      a. Convulsive
      b. Nonconvulsive

II. Identification of various patterns of ictal onset, propagation, and resolution along with their localizing significance in scalp recordings 25%
   A. Focal onset seizure
   B. Generalized convulsive seizure
   D. Generalized nonconvulsive seizure
   C. Syndromes
      1. Hypsarrhythmia – electrodecremental seizures
      2. Lennox Gastaut syndrome
      3. Electrical SE during slow sleep
      4. Landau-Kleffner syndrome
      5. Recognition of non-ictal events & patterns
         a. Artifacts
         b. Nonepileptic paroxysmal patterns
      6. Technical aspects
         a. Appropriate recording montages
         b. Activation techniques
         c. Other approaches that may assist in event interpretation

III. Recognition of clinical manifestations of various seizure types, and their appropriate classification 20%
A. Simple partial
B. Complex partial
   1. Automatisms
   2. Lateralizing signs
   3. Localizing signs
C. Secondarily generalized
   1. Lateralizing signs
   2. Localizing signs
D. Primary generalized
   1. Convulsive
   2. Absence
E. Myoclonic
F. Atonic

IV. Identification and localization of neonatal seizures 6%
A. Interictal EEG patterns
B. Ictal EEG patterns
   1. Focal
   2. Multifocal
D. Clinical manifestations

V. Recognition of behavioral features suggestive of non-epileptic events 15%
A. Psychogenic
B. Arrhythmia
C. Parasomnia
D. Other

VI. Planning and Interpretation of Intracranial Monitoring 12%
A. Indications for intracranial monitoring
B. Choice of intracranial electrodes
   1. Subdural strips
   2. Grids
   3. Depth electrodes
C. Interictal epileptiform activity
D. Ictal activity
   1. Identification of seizure onset
   2. Localization

VII. Evaluation of patients for epilepsy surgery 12%
A. EEG findings leading to
   1. Temporal lobectomy
   2. Corpus callosotomy
   3. Multiple subpial transection
B. EEG and the intracarotid amobarbital test (Wada)
C. Intraoperative electrocorticography
   1. Uses
   2. Limitations
Neurophysiologic Intraoperative Monitoring Track
Content Outline

The NIOM Track will contain more complex multiple-choice questions focused on all aspects of Neurophysiologic Monitoring. Candidates will have three hours to complete 120 items.

I. Basic NIOM techniques 25%
   A. SEP
   B. MEP
   C. BAEP
   D. EEG
   E. ECoG
   F. EMG/NCS
   G. VEP
   H. Others

II. Anatomy and physiology 15%
    A. Cerebral cortex
    B. Subcortical structures
    C. Brainstem and cerebellum
    D. Ascending and descending pathways
    E. Cranial nerves
    F. Spinal cord
    G. Peripheral nerves, neuromuscular junction, muscles
    H. Vascular anatomy
    I. Head and neck
    J. Spine and other bones
    K. Cellular physiology
    L. Others

III. Surgical procedures and NIOM (to include surgical technique and NIOM questions) 25%
    A. Vertebral column surgery
    B. Spinal cord surgery
    C. Lumbosacral surgery
    D. Tethered cord surgery
    E. Peripheral nerve surgery
    F. CPA surgery
    G. Vascular surgery
    H. Cardiac and aortic surgery
    I. Epilepsy surgery
    J. Brain tumor surgery
    K. Posterior fossa decompression surgery
    L. Selective dorsal rhizotomy
    M. Pain surgery
    N. Movement disorders surgery
    O. Cranial nerve surgery
    P. Pelvic floor surgery
    Q. Hip surgery
    R. ENT surgery
    S. Other surgery
IV. Anesthetic considerations 15%
   A. SEP
   B. MEP
   C. BAEP
   D. EEG
   E. ECoG
   F. EMG/NCS
   G. VEP
   H. Anesthesia not modality related
   I. Others

V. Operating room procedures 5%
   A. Sterilization techniques
   B. OR equipment
   C. Anesthesia equipment
   D. Aseptic techniques/sterile field
   E. Imaging
   F. Communication

VI. Equipment/Networking issues 10%
   A. Electrodes
   B. NIOM machines (incl. amplifiers, filters, averaging, electrical issues, etc)
   C. Networking, remote access
   D. Other/Ancillary equipment

VII. Ethical and medicolegal issues 5%
   A. ACNS guidelines
   B. AANEM guidelines
   C. AAN guidelines
   D. Medicare rules for interpretation
   E. Real time review issues
   F. Other

Critical Care EEG Monitoring
Content Outline

I. Terminology 15%
   A. Standardized critical care EEG nomenclature
   B. Periodic discharges and modifiers
   C. Rhythmic delta activity and modifiers
   D. Clinical correlation

II. Technical aspects of recording 5%
   A. Electrodes
   B. Montages
C. Troubleshooting

III. Background patterns
   A. EEG correlates of different types of encephalopathy
   B. EEG continuity and reactivity
   C. Medication effects

IV. Artifacts
   A. Physiological
   B. Non-physiological

V. Quantitative EEG
   A. Basic principles of qEEG and trending
   B. Clinical application
      1. Identification of seizures
      2. Identification of ischemia
      3. Recognition of artifacts

VI. Indications for long term ICU EEG monitoring
   A. Seizures
   B. Cerebrovascular disease
   C. Coma and altered consciousness

VII. Seizures and status epilepticus
   A. Non-convulsive seizures
   B. Status epilepticus
   C. Ictal-interictal continuum

VIII. Hypoxic-ischemic brain injury
   A. Dynamic EEG changes
   B. Prognosis

General Clinical Neurophysiology
Content Outline

The General CNP track will include short segments of neurophysiologic studies (EEG, evoked potentials, etc.), with one or more multiple-choice questions for each sample. Additional multiple choice questions will cover technical aspects of recording and clinical correlation.

I. Electroencephalography
   A. Physiology of normal and abnormal waveforms
   B. Instrumentation and acquisition procedures (include quantitative EEG)
   C. Normal patterns of various ages in wake, drowsy, and sleep states
   D. Neonatal normal and abnormal patterns
   E. Activating procedures (hyperventilation, photic stimulation)
   F. Drug effects
   G. Focal abnormalities
   H. Diffuse abnormalities
   I. Coma and brain death
J. Epileptiform abnormalities
K. Benign EEG variants and patterns of unknown significance
L. Artifacts

II. Epilepsy Monitoring 25%
A. Correlate interictal EEG with seizure type / epilepsy syndrome
B. Localization and propagation of epileptogenic foci (children, adults)
C. Correlation of behavioral and electrographic changes
D. Identify and localize neonatal seizures
E. Nonepileptic events (physiologic and psychogenic)
F. Plan and interpret intracranial monitoring
G. Evaluate patients for epilepsy surgery

III. Evoked Potentials 5%
A. Visual evoked potentials (pattern reversal)
B. Brain stem auditory evoked potentials
C. Short latency somatosensory evoked potentials
   a. Stimulus and recording techniques
   b. Criteria for identification of major waveform components
   c. Criteria for normal and abnormal evoked potentials for adults and children
   d. Presumed generator sources of major waveform components
   e. Clinical significance of various evoked potential abnormalities
   f. Technical and non-pathologic factors that influence evoked potentials and affect interpretation

IV. Sleep 10%
A. Recognition of sleep stages
B. Identification of examples showing the effects of age, physiological and environmental variables, and disease on sleep architecture
C. Interpretation of multiple sleep latency studies
D. Identification of polysomnographic findings in sleep-related disorders
E. Montages, special instrumentation and other technological aspects of sleep studies

V. Intraoperative Monitoring 10%
A. SEP monitoring for spinal cord, brainstem and cerebral surgery
B. BAEP monitoring techniques for eighth nerve and brainstem surgery
C. EEG monitoring for cerebral surgery
D. Motor evoked potential monitoring for spinal cord surgery
E. Cranial nerve monitoring
F. Criteria for decision making
American Board of Clinical Neurophysiology
Recertification Content Outline

I. EEG 45%
   A. Epileptiform
   B. Normal awake
   C. Normal sleep
   D. Artifacts
   E. Focal (non epileptiform) abnormalities
   F. Encephalopathy or coma
   G. Pediatric and neonate

II. LTM 15%
   A. Semiology
      1. Epileptic
      2. Non-epileptic
   B. Ictal EEG
      1. Epileptic
      2. Non-epileptic
   C. Intracranial EEG
   D. Presurgical Correlation
   E. Neonatal seizures

III. Evoked Potentials 15%
   A. VEP
      1. Normal
      2. Abnormal
   B. SSEP
      1. Normal
      2. Abnormal
   C. BAEP
      1. Normal
      2. Abnormal

IV. Sleep 15%
   A. PSG
      1. Normal / Staging
      2. Apneas
         a. central
         b. obstructive
         c. mixed
      3. PLM
      4. Other
   B. MSLT

V. Intraoperative Monitoring 10%
   A. Spine
   B. Carotid
C. Intracranial vascular
D. Functional surgery, mapping
E. CP angle cases
F. IOM Anesthesia
G. Billing/ethics/involvement