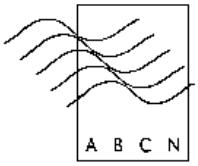
American Board of Clinical Neurophysiology

Credential Verification Form



ABCN Executive Office
1904 Croydon Dr.
Springfield, IL 62703
Phone 217-529-0259
Fax 217-585-6663

Name of certificant: _____

Other names certificant has used: _____

	Date Issued	Expiration Date
General Clinical Neurophysiology	_____	_____
Clinical Neurophysiology with added competency in Epilepsy Monitoring	_____	_____
Clinical Neurophysiology with added competency in Intraoperative Monitoring	_____	_____

Current standing: Diplomate Non-diplomate

- ○ The above information is true and has been verified.
- ○ This person cannot be found in the ABCN database with the information provided.

_____ _____
Janice Walbert, ABCN Executive Director Date

This individual has approved release of this information, and if requested, I can provide documentation.

_____
Signature

Party requesting verification: _____

_____

_____

Phone number _____ Fax number_____

The ABCN was formerly known as The American Board of Qualification in Electroencephalography (ABQEEG)