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# American Board of Clinical Neurophysiology Inc.

formerly the American Board of Qualification in electroencephalography Inc.

## APPLICATION FOR EXAMINATION

all items on this form must be filled out, even if only with the words "none" or "not applicable"

TYPE OR PRINT LEGIBLY IN BLACK INK

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

## MEDICAL TRAINING

Medical School \_\_\_\_\_

Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Degree Awarded \_\_\_\_\_

## POST GRADUATE MEDICAL TRAINING (including formal training in Neurophysiology)

	Hospital	Location	Dates	Specialty
Year 1	_____	_____	_____	_____
Year 2	_____	_____	_____	_____
Year 3	_____	_____	_____	_____
Year 4	_____	_____	_____	_____
Year 5	_____	_____	_____	_____
Other	_____	_____	_____	_____

**CURRENT HOSPITAL AND/OR UNIVERSITY POSITIONS**

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**AMERICAN SPECIALTY BOARD CERTIFICATION**

(Specialty and date of certification. If not certified, indicate board eligibility)

Specialty

Date of Certification

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**DATE PASSED AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY  
SUBSPECIALTY EXAM IN CLINICAL NEUROPHYSIOLOGY**

(FORMERLY ADDED QUALIFICATION EXAM)

Submit proof of passing

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**DO YOU HAVE A CURRENT U.S. MEDICAL LICENSE?** YES \_\_\_\_\_ NO \_\_\_\_\_

**REFERENCES**

1. Clinical Neurophysiology Program Director \_\_\_\_\_

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2. Director, Residency Training Program \_\_\_\_\_

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I hereby declare that the facts in this application are true, and I agree to abide by the rules of the American Board of Clinical Neurophysiology, Inc. governing its examinations. I understand and agree that any misrepresentation of said facts or violation of any of said rules will result in automatic disqualification, or revocation of the Certificate, and I further agree to hold the American Board of Clinical Neurophysiology, its officers, members and agents and any of them harmless from any claim for damages as a result of any action, it, they or any of them may take in connection with this application, the examination, the result thereof and the failure to issue, or the revocation of a certificate.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_