Application for American Board of Clinical Neurophysiology Certification Examination

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

<table>
<thead>
<tr>
<th>Candidate Information</th>
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<tbody>
<tr>
<td>Print your LAST NAME then FIRST NAME then MIDDLE INITIAL</td>
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<tr>
<td>Number and Street</td>
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<tr>
<td>City</td>
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<td>Daytime Phone</td>
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<td>E-mail Address</td>
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<th>Background and Training</th>
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<td>Darken only one choice for each question unless otherwise directed.</td>
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A. HOW LONG WAS YOUR CLINICAL NEUROPHYSIOLOGY FELLOWSHIP?  
- 12 months  
- 13 to 24 months  
- Over 24 months

B. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO EEG, EXCLUSIVE OF EPILEPSY MONITORING AND INTRAOPERATIVE MONITORING?  
- None  
- 11 to 20%  
- 21 to 30%  
- 31 to 50%  
- Over 50%

C. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO EVOKED POTENTIALS, EXCLUSIVE OF INTRAOPERATIVE MONITORING?  
- None  
- 11 to 20%  
- 21 to 30%  
- 31 to 50%  
- Over 50%

D. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO INTRAOPERATIVE MONITORING?  
- None  
- 11 to 20%  
- 21 to 30%  
- Over 50%

E. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO EPILEPSY MONITORING?  
- None  
- 11 to 20%  
- 21 to 30%  
- Over 50%

F. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO SLEEP MONITORING?  
- None  
- 11 to 20%  
- 21 to 50%

G. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO OTHER FORMS OF PATIENT CARE?  
- None  
- 11 to 20%  
- 21 to 30%  
- Over 50%

H. WHAT OTHER BOARD CERTIFICATION DO YOU HAVE? (Darken all that apply.)  
- Neurology  
- Neurology with special competence in child neurology  
- Neurology with added qualification in clinical neurophysiology  
- Psychiatry  
- Neurosurgery  
- I do not have any of the above board certifications

OPTIONAL INFORMATION

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:  
- African American  
- Hispanic  
- White  
- Asian  
- Native American  
- No Response

Age Range:  
- Under 25  
- 25 to 29  
- 30 to 39  
- 40 to 49  
- 50 to 59  
- 60+

Gender:  
- Male  
- Female
COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

<table>
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<tr>
<th>Candidate Signature</th>
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<tbody>
<tr>
<td>I certify that the information given in this Testing Center Application is accurate, correct, and complete.</td>
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</table>

| CANDIDATE SIGNATURE: ___________________________ | DATE: ______________________ |

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