

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. →

A	B	C	1	2	3
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Candidate Information

Print your LAST NAME then FIRST NAME then MIDDLE INITIAL

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.

- 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% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- C. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO EVOKED POTENTIALS, EXCLUSIVE OF INTRAOPERATIVE MONITORING?**
 None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- D. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO INTRAOPERATIVE MONITORING?**
 None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- E. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO EPILEPSY MONITORING?**
 None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%
- F. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO SLEEP MONITORING?**
 None 11 to 20% 31 to 50%
 1 to 10% 21 to 30% Over 50%

G. WHAT PERCENT OF YOUR TIME DID YOU DEVOTE TO OTHER FORMS OF PATIENT CARE?

- None 11 to 20% 31 to 50%
 1 to 10% 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 30 to 39 50 to 59
 25 to 29 40 to 49 60+

Gender:

- Male
 Female

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

Candidate Signature

I certify that the information given in this Testing Center Application is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

