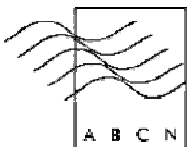


American Board of Clinical Neurophysiology
Verification of RESIDENCY Training



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

Candidate's Name: _____

Candidates' Address: _____

Location of Residency Training Program

Dates and Duration of training: _____

Is the training program ACGME or RCPSC Approved? Yes No

Did candidate complete training satisfactorily? Yes No

Do you recommend this candidate for examination? Yes No

Other comments: _____

Name of training director: _____

Signature of training director: _____

Today's Date: _____

Please return to the ABCN Executive Office