



Application for Certification Examination in Neurophysiologic Monitoring, Part I - Written

Please read the Application Instructions and the ABNM Policy and Procedure manual carefully before completing this Application.

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. →



Eligibility and Background Information

L. PROFESSIONAL BACKGROUND: *Darken all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Neurophysiology/Neuroscience | <input type="checkbox"/> Neurosurgery |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Chiropractic Medicine |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Otolaryngology | |

M. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No Yes

If yes, indicate all instances and the month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

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 certification.

Race:

- African American Native American
 Asian White
 Hispanic Other

Age Range:

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

Gender:

- Male
 Female

Candidate Signature

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I have read the ABNM Policy and Procedure Manual, which is published on www.abnm.info, and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with the ABNM Policy and Procedures Manual and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ _____

Expiration date (month/year): _____ / _____

Card type: Visa MasterCard American Express

Card Number: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

Date

Fee: _____

CC Check

