



## Statement from Training Neurophysiologist

**This form in its entirety must be completed and signed by the Training Neurophysiologist**

**Applicant Name/Degree:** \_\_\_\_\_

**Qualifications:** A qualifying training neurophysiologist is either:

1. An individual with Board Certification from the American Board of Neurophysiologic Monitoring (ABNM).  
Please check this box  and complete Sections 1, 2, 5 & 6, **in their entirety**, or,
2. A licensed physician who is Board Certified in Neurology by the ABPN or ABCN.  
Please check this box  and complete Sections 1, 3, 5 & 6, **in their entirety**, or,
3. A licensed physician who is Board certified in a specialty **other than** listed in Qualifications 1 or 2, above, who, depending upon a record of training in Clinical Neurophysiology, may be considered to be deemed appropriate by this Board to serve as a Training Neurophysiologist.

Please check this box  and complete Sections 1, 4, 5 & 6, **in their entirety**.  
Submit all the required documents listed in Section 4 with this Statement:

In **addition** to these specific qualifications, the Training Neurophysiologist must attest to a minimum of 5 years' professional experience in intraoperative neurophysiological monitoring (IONM) including at least 2 years of personal supervisory experience in IONM. An individual who functions in the capacity of a "reading neurologist", or "billing provider" or "remote neurologist" or any similar capacity and who otherwise has not directly provided **in-person training** to the applicant in the interpretation of neurophysiological data, **does not** qualify to be the applicant's Training Neurophysiologist. A qualified Training Neurophysiologist must have completed the required training of the trainee **in-person**, for this required training to be deemed eligible by the ABNM.

The statement from the Training Neurophysiologist must attest to the fact that the Training Neurophysiologist conducted training of the applicant trainee for a minimum of twenty-five (25) monitored surgical cases, over a minimum term of ten (10) business days, **together and in person with** the trainee either in the operating room or at the site of the provision of training in intraoperative neurophysiological services provided remotely or via telemedicine.

## Statement

The above-named candidate is applying for certification by the American Board of Neurophysiologic Monitoring (ABNM). A requirement of the application process is this form attesting to your qualifications and participation in the **in-person** training of this candidate.

Please complete Section # 1 and either Section #2, or Section #3, or Section #4 as appropriate, and Sections #5 and #6, **in their entirety**, and return this completed, signed and dated form directly to the applicant / trainee. All supporting materials must be included in the candidate's application packet and may not be submitted separately.

✓ **Section 1. Please print the following:**

Name and Degree(s): \_\_\_\_\_

Title and/or academic position: \_\_\_\_\_

Institution/Employer/Affiliation(s): \_\_\_\_\_

Years of IONM experience: \_\_\_\_\_ **years**

Years of IONM supervisory experience: \_\_\_\_\_ **years**

✓ **Check One Box**

**Section 2. Qualified Training Neurophysiologist. (ABNM)**

Board Certification Number and Date: \_\_\_\_\_

**Section 3. Qualified Training Neurophysiologist. (ABPN or ABCN)**

**Check Box** if Fellowship Trained in Clinical Neurophysiology

Board Certification and Date: \_\_\_\_\_

Please submit a copy of your Board Certification, Fellowship Certificate and C.V.

**Section 4. Licensed Physician With Other Board Certification.**

Board Certification and Date: \_\_\_\_\_

Training in IONM / Clinical Neurophysiology: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit a copy of your Board Certification, current C.V. and documentation that supports your training in IONM / Clinical Neurophysiology.

✓ **Section 5. Training Case Log:**

✓ **TO BE COMPLETED BY TRAINING NEUROPHYSIOLOGIST:**

#	Date of Case:	Address of Site of Training:	Surgical Procedure	Surgeon's Name	Duration of Case
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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25					

✓ **Section 6. Attestation:**

**The Training Neurophysiologist must attest to all six statements below:**

I have reviewed the material in the application packet being submitted by the above-named applicant including the applicant's case logs. My signature below verifies and attests to these six facts:

1. That the applicant was directly trained by me **in person** to interpret neurophysiological data, and
2. That this training was conducted together with the trainee, either **together with me** in the operating room and/or **together with me** at the site of the provision of remote / telemedicine clinical neurophysiological services, and
3. That the applicant was present and involved in providing the interpretation of data obtained through neurophysiologic intraoperative monitoring during a minimum of twenty-five (25) monitored surgical cases as documented in the Training Case Log, and
4. That the applicant was directly trained by me in person over a minimum term of ten (10) business days as documented in the Training Case Log, and
5. That I functioned as the training neurophysiologist and am listed on the case log/report for each case logged as the neurophysiologist of record, and
6. That I personally and solely was responsible for the completion of all sections of this Statement from Training Neurophysiologist.

I have directly trained the candidate in the interpretation of clinical neurophysiological data in IONM and I fully support this candidate's application for certification by the American Board of Neurophysiologic Monitoring, without reservation.

I attest to the accuracy of the candidate's application to the ABNM.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Degree \_\_\_\_\_

The ABNM reserves the right to verify any and all information submitted, as appropriate, in this Statement.