



SURGEON ATTESTATION

Candidate Name: _____

The above candidate is applying for certification by the American Board of Neurophysiologic Monitoring (ABNM). A requirement of the application process is this form attesting to the experience of the candidate.

Please indicate the appropriate response to each of the following questions:

How long have you known the candidate (in years)? _____

Your surgical specialty _____

In which hospital(s) have you worked with the candidate?

Approximately how many operative monitoring cases have you conducted with the candidate?

____ 0-10 ____ 51-100
____ 11-25 ____ over 100
____ 26-50

Region(s) of the nervous system where monitoring has been conducted with you:

____ Spine ____ Cortical
____ Brainstem ____ Peripheral nerve/plexi

Comments:

I support this candidate's Application for the ABNM Certification Examination in Intraoperative Neurophysiologic Monitoring.

Signature _____ Date _____

Printed Name _____

Position _____ Telephone Number _____

Please include this form with your complete application packet mailed to PTC:
1350 Broadway, Suite 800, New York, New York 10018