

## Application for Certification Examination in Neurophysiologic Monitoring for Recertification

W as a criterion		Please read the Application Instructions and the ABNM Policy and Procedure manual carefully before completing this Application.  Testing Period														ting t	his App	olication.						
Tentra Co		Test			_									7										
Monitoring			Testing period for which you are applying:							:	Mont	h:		Year	:									
Candidate Information Please enter you						ur Nar	Name exactly as it appears on your Government-Issued Photo I.D.																	
O M	r. First Name	)																					Midd	e Initial
O M	s.																							
Last Name								I		I	-		I					Suffix	(Jr., S	. , etc.)				
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	ABNM Certification Information																							
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A.	A. HIGHEST ACADEMIC DEGREE:							F.		PRIMARY HOSPITAL WHERE CASES ARE MONITORED: (Darken only one response.)														
O PhD O MD O Other (specify)								O Academic practice O Children's hospital																
☐ Foreign Graduate  B. DO YOU HOLD ANY OTHER PROFESSIONAL								O Private hospital (urban) Veteran's Admin. hospital																
υ.	CERTIFICATION?							O F	O Private hospital (rural) Other (specify)															
O No O Yes If yes, please specify:							G.		CHARACTER OF EMPLOYMENT: (Darken only one response.)															
C.	C. YEARS OF EXPERIENCE DABNM:								O Hospital based O Physician group															
	O 8 to 10 O 11 to 15 O 16 to 20 Over 20									O Private practice O Monitoring company														
D.	. NUMBER OF CASES SUPERVISED ANNUALLY:							١		O Academic practice O Other (specify)														
○ 1 to 400							H.		PERCENT OF WORKING TIME SPENT IN INTRAOPERATIVE MONITORING:															
E. PERCENT OF CASES IN DIFFERENT REGIONS OF THE								O Less than 25% O 51 to 75%																
NERVOUS SYSTEM:							١.	O 25 to 50% Over 75%																
	% Spine						l.		NUMBER OF MONITORING TECHNICIANS SUPERVISED AT ONE TIME:															
		0/2	Crania	ıl Nerv	e							0	None	C	) 1 to	5	O 6 t	o 10	)	0	Over	10		
	% Cranial Nerve						J.					IPAT			arke	n al	I tha	at app	oly.)					
	% Brainstem									☐ Training of DABNM candidates														
	% Peripheral Nerve/Plexus									☐ Training of Monitoring Technicians ☐ Teaching of Undergraduate Courses														
	% Cortical												ergrad Iuate C			553								

(Complete Page 2)

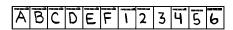




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Please read the Application Instructions and the ABNM Policy and Procedure manual carefully before completing this Application.

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										
K. PROFESSIONAL BACKGROUND: (Darken all that apply.)  Neurophysiology/Neuroscience Neurosurgery Anesthesia Orthopedics Audiology Chiropractic Medicine Neurology Other (specify) Otolaryngology  L. HAVE YOU TAKEN THIS EXAMINATION BEFORE? No Yes If yes, indicate all instances and month, year, and name under which the examination was taken.  Date (month/year): Name:	M. CONTINUING MEDICAL EDUCATION  Effective January 20, 2019, documentation in the ABNM Record of Continuing Medical Education (CME) in IONM & Clinical Neurophysiology, of a minimum of 50 CME credits obtained during the five-year period prior to the month and year of the recertification examination being applied for. CME credits may be obtained at any time during this five-year period but must total 50. CME credits obtained prior to the specified five-year period will not be accepted. All 50 credits must be in the specialty of IONM or IONM and/or Clinical Neurophysiology. At least 40 of the 50 required CME credits must be in Intraoperative Neurophysiological Monitoring (IONM), i.e., an IONM course. Approved CME courses in IONM are listed in Item 6 of the Instructions. At most, 10 of the 50 required CME credits may be obtained from other courses that are not IONM courses, per se, but do include some IONM content. Instructions on how to document these CME course credits are listed in Item 7 of the Instructions. At most, 10 of the 50 required CME credits may be obtained from courses in other areas of Clinical Neurophysiology, specifically, EEG and/or EMG. Instructions on how to document these CME course credits are listed in Item 8 of the Instructions  Total CME Credits (from ABNM Record of CME)									
Optional Information  Note: Information related to race, age, and gender is optional and is request opportunity. Such data will be used only in statistical summaries and in no Race:  Age Range:  African American  Native American  Under 25  Asian  White  25 to 29  Hispanic  Other  30 to 39										
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:										
CREDIT CARD PAYMENT  If you want to charge your applicate provide all of the following information in t	tion. Date									
Card type: O Visa O MasterCard O American Express  Card Number:  SIGNATURE:	CC Check									



