





# Application for Certification Examination in Neurophysiologic Monitoring for Recertification

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. →

A	B	C	D	E	F	1	2	3	4	5	6
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## Eligibility and Background Information

### K. 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               |  |

### 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)

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## 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 recertification.

#### 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](http://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

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