



ABNM Credentialing Examination Application for Part I-Written Examination Application Packet Checklist

Please Assure the Accuracy and Appropriateness of the submitted information by reviewing the Policy and Procedures Guidelines on the ABNM website

www.abnm.info

Any packet that does not contain all requested materials in the appropriate form will be returned minus the \$150 application fee

This Application Checklist must be completed in full as a requirement of application.

Applicant Name: _____

✓ Please Check Appropriate Box For All **12** Items:

- ☐ **1.** (P&P Section III.1) Current Curriculum Vitae or Resume
- ☐ **2.** (P&P Section III.2) Proof of Degree (copy of diploma is acceptable)
- ☐ **3.** (P&P Section III.2) Foreign medical or doctoral degree candidate?

or ☐ a. No. Proceed to Number 4.
☐ b. Yes. You must provide one of the following:

- ☐ i. USMLE Step 1
- ☐ ii. Certificate from AACRAO
- ☐ iii. Certificate from ECFMG / ICS
- ☐ iv. Equivalent to the above

- ☐ **4.** (P&P Section III.3) Official Transcript

Transcript(s) are ☐ (a) Included with this packet, or
or
☐ (b) Being sent directly from issuing Institution
(must be post-marked by Application deadline)

☐ **5. (P&P Section III.3) Graduate level coursework in Neuroanatomy (From an accredited Program)**

☐ a. **Course Title and Code:** *Neuroanatomy. Code #* _____

or

☐ b. **Equivalent Course Title:** _____
Equivalent Course Code: _____

Enclose complete Course Syllabus, Class Schedule, Academic Credits, Course Faculty and any other course information, in print form.

Note: US Medical School Curriculum Meets This Requirement

☐ **6. (P&P Section III.3) Graduate level coursework in Neurophysiology (From an accredited Program)**

☐ a. **Course Title:** *Neurophysiology. Code #* _____

or

☐ b. **Equivalent Course Title:** _____
Equivalent Course Code: _____

Enclose complete Course Syllabus, Class Schedule, Academic Credits, Course Faculty and any other course information, in print form.

Note: US Medical School Curriculum Meets This Requirement

☐ **7. (P&P Sections III.4 and III.5) Case Log I.**

☐ a. ***Demonstrating 36 months experience with primary responsibility for supervising and professional interpretation***

and

☐ b. ***Demonstrating 300 monitored cases, 100 cases in which the applicant performed the majority of the technical aspects of the case***

Please submit 1. a printout of the electronic spreadsheet for ABNM CASE LOG I with 300 cases in chronological order and ALL pages signed and dated, and 2. an electronic version (EXCEL spreadsheet) as an email attachment, and send by email to PTC at: sfrier@ptcnyc.com

☐ **8. (P&P Sections III.4 and III.5) Case Log II.**

☐ a. ***Demonstrating a minimum total of 165 required monitored cases distributed across six categories of surgical procedures with primary responsibility for supervising and professional interpretation***

and

☐ b. ***Demonstrating a minimum number of required monitored cases within each of the six categories of surgical procedures, as follows:***

- i. **SPN** minimum of 45 cases
- ii. **STL** minimum of 15 cases
- iii. **CTL** minimum of 45 cases
- iv. **INP** minimum of 10 cases
- v. **VAS** minimum of 45 cases

vi. ENT minimum of 5 cases

Please submit 1. a printout of the electronic spreadsheet, signed and dated, for ABNM CASE LOG II that documents the minimum number of required cases in six categories of surgical procedures, and 2. an electronic version (EXCEL spreadsheet) as an email attachment, and send by email to PTC at: sfrier@ptcnyc.com

☐ **9. (P&P Section III.6) Attestations from Two Attending Surgeons:**

☐ a. Name of 1st Surgeon: _____
and

☐ b. Name of 2nd Surgeon: _____

☐ **10. (P&P Section III.7) Statement from Qualified Training Neurophysiologist**

☐ a. Name of Training Neurophysiologist: _____

☐ b. Name of Training Neurophysiologist: _____

☐ **11. (P&P Section II and III.8) Completed, signed Application and current Examination Fee**

☐ a. Completed, signed Application
and

☐ b. \$1,600 Initial Examination Fee (includes \$150 non-refundable application fee)

or

☐ c. \$1,000 Repeat Part I-Written Examination Fee (includes \$150 non-refundable application fee)

☐ **12. Statement:**

I have reviewed the material being submitted in my application packet to the ABNM and I attest to the accuracy and completeness of this application to the ABNM

Signature _____ Date _____

***ABNM Credentialing Examination
Application for Part I-Written Examination
Application Packet Submission***

Please scan every page of the following 10 items into a single PDF file. Name the PDF file as follows “Applicant Name, Exam Month & Year”.

- 1. (P&P Section III.1) Current Curriculum Vitae or Resume**
- 2. (P&P Section III.2) Proof of Degree (copy of diploma is acceptable)**
- 3. (P&P Section III.2) Foreign medical or doctoral degree candidate?**
 - a. If foreign medical or doctoral degree candidate, you must submit either: USMLE Step 1, or, certificate from AACRAO, or Certificate from ECFMG/ICS, or, equivalent to the above.**
- 4. (P&P Section III.3) Official Transcript, if included with this packet.**
- 5. (P&P Section III.3) Graduate level coursework in Neuroanatomy (From an accredited Program). Enclose complete Course Syllabus, Class Schedule, Academic Credits, Course Faculty and any other course information, in print form. Note: US Medical School Curriculum Meets This Requirement**
- 6. (P&P Section III.3) Graduate level coursework in Neurophysiology (From an accredited Program). Enclose complete Course Syllabus, Class Schedule, Academic Credits, Course Faculty and any other course information, in print form. Note: US Medical School Curriculum Meets This Requirement**
- 7. (P&P Sections III.4 and III.5) Case Log I.**
- 8. (P&P Sections III.4 and III.5) Case Log II.**
- 9. (P&P Section III.6) Attestations from Two Attending Surgeons:**
- 10. (P&P Section III.7) Statement from Qualified Training Neurophysiologist**
- 11. (P&P Section II and III.8) Completed, signed Application and current Examination Fee**
- 12. Statement:**

For Items 7 and 8, please also email the completed Excel Spreadsheet files for the 2 Case Logs (I and II), and name the Excel files as follows “Applicant Name, Exam Month & Year, Case Log I” and “Applicant Name, Exam Month & Year, Case Log II”

- 7. (P&P Sections III.4 and III.5) Case Log I.**
- 8. P&P Sections III.4 and III.5) Case Log II.**

Email all files as attachments and send email to: sfrier@ptcnyc.com