



# Application for Certification Examination in Neurophysiologic Monitoring, Part I - Written

Please read the directions in the Handbook for Candidates 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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## Candidate Information

Please enter your Name exactly as it appears on a Government-Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

### A. HIGHEST ACADEMIC DEGREE:

- PhD     MD     Other (specify) \_\_\_\_\_  
 Foreign Graduate

### B. DO YOU HOLD ANY OTHER PROFESSIONAL CERTIFICATION?

- No     Yes  
 If yes, please specify: \_\_\_\_\_

### C. YEARS OF EXPERIENCE IN MONITORING:

- 3     4 to 5     6 to 10     Over 10

### D. NUMBER OF CASES MONITORED:

- 300 to 400 cases     801 to 1500 cases  
 401 to 800 cases     Over 1500 cases

### E. REGIONS OF THE NERVOUS SYSTEM WHERE YOU HAVE MONITORED AT LEAST 50 CASES:

(Darken all that apply.)

- Spine     Cortical  
 Brainstem     Peripheral nerve/plexi

### F. PRIMARY HOSPITAL WHERE CASES ARE MONITORED: (Darken only one response.)

- University hospital/teaching     Children's hospital  
 Private hospital (urban)     Veteran's Admin. hospital  
 Private hospital (rural)     Other (specify) \_\_\_\_\_

### G. CHARACTER OF EMPLOYMENT: (Darken only one response.)

- Hospital based     Physician group  
 Private practice     Monitoring company  
 University/teaching     Other (specify) \_\_\_\_\_

### H. PERCENT OF WORKING TIME SPENT IN INTRAOPERATIVE MONITORING:

- Less than 25%     51 to 75%  
 25 to 50%     Over 75%

### I. PRIMARY METHOD OF REIMBURSEMENT:

- Salaried (not reimbursed per case)  
 Paid by hospital or surgeon per case  
 Bill HMO  
 Bill private insurance  
 Other (specify) \_\_\_\_\_

### J. NUMBER OF MONITORING TECHNICIANS SUPERVISED AT ONE TIME:

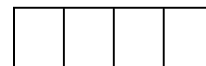
- None     1 to 3     4 or more

### K. TRAINING: (Darken all that apply.)

- On the job     Manufacturers training courses  
 Seminars/workshops     Training programs  
 National meetings     Fellowship

(Complete Page 2)

58328





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---	---	---	---	---	---	---	---	---	---	---	---

## Eligibility and Background Information

### L. 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               |  |

### M. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No     Yes

*If yes, indicate all instances and the month, year, and name under which the examination was taken.*

Date (month/year): \_\_\_\_\_

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

## 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 certification.

#### 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 Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions 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: \_\_\_\_\_

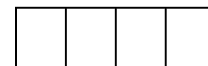
### FOR OFFICE USE ONLY

Date

Fee: \_\_\_\_\_

CC     Check

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# ***ABNM Part I-Written Examination***

## **APPLICATION INSTRUCTIONS**

These instructions have been abstracted from the ABNM Policy and Procedure Manual and will serve as a guide for your application process. Where appropriate, the instructions will reference the Policy and Procedure Manual. You are strongly encouraged to read the Policy and Procedure Manual in its entirety to understand fully the application process.

The ABNM Part I-Written examination precedes the ABNM Part II-Oral examination.

- I. **Eligibility requirements for ABNM Part I-Written examination applications:** All candidates for **initial** and **renewal of a lapsed credential** must meet the following requirements by the application deadline. There are no alternative routes.
  1. Educational Degree (Policy and Procedure Manual Section III, Part 2)
    - i. **Doctoral degree** in a physical science, life science or clinical allied health profession from an accredited institution recognized by the U.S. Department of Education
    - ii. Foreign medical or doctoral degree with documentation of US education equivalence such as
      - a. a Certificate of the USMLE Step 1, or
      - b. a Certificate of primary-source credential verification such as provided by the EICS (ECFMG International Credentialing Services), or,
      - c. a certified Evaluation of a foreign educational program such as provided by the AACRAO (American Association of Collegiate Registrars and Admissions Officers), or,
      - d. documentation from an equivalent verification service
  2. Educational Course work (Policy and Procedure Manual Section III, Part 3)
    - i. successful completion of two separate **graduate level** courses from an accredited educational institution with a passing grade:
      - a. one in neuroanatomy
      - b. one in neurophysiology.
    - ii. All ABNM required coursework must be taken in class or as part of an ABNM-approved distance learning course.
  3. Requisite number of cases (Policy and Procedure Manual Section III, Part 4 and 5)
    - i. Demonstrating 300 cases with the primary responsibility for supervising and professional interpretation, 100 cases in which the applicant physically performed the majority of the technical aspects of monitoring.
    - ii. Demonstrating 36 months experience with primary responsibility for supervising and professional interpretation
    - iii. Documentation needs to be placed in the official ABNM form (use the spreadsheet from the ABNM website) of 300 cases and must include:
      - a. procedure
      - b. type of surgery
      - c. name of the responsible surgeon
      - d. hospital where each procedure was undertaken.
    - iv. Only case logs arranged by date will be accepted. Arrange from oldest date (case 1) to most recent date (case 300). Use the “sort” feature in the Excel spreadsheet to arrange the case log in this format and then print out for submission to PTC.

4. Statements of two attending surgeons who used your specific IOM services when they were operating (Policy and Procedure Manual Section III, Part 6)
5. Tutelage by the training neurophysiologist specifically involved in your primary IOM training (Policy and Procedure Manual Section III, Part 7)
  - i. A qualified, training neurophysiologist must provide documentation describing the training and supervision provided to the applicant during the applicant's three years of experience, or, the required 300 cases.
  - ii. A training neurophysiologist:
    - a. is either an individual with Board Certification from the American Board of Neurophysiologic Monitoring or a licensed physician who is Board certified in Neurology, Physical Medicine and Rehabilitation, or, by another medical Board specialty deemed appropriate by this board.
    - b. must provide evidence of a minimum of 3 years experience in intraoperative neurophysiological monitoring (IONM) including at least 2 years of supervisory experience in IONM.
    - c. must attest to having conducted training of the applicant in person and in the operating room and that none of this training was provided either indirectly or remotely or on-line.

II. **Materials for the application (Use the checklist included in the application package where each item listed in this section needs to be specifically identified by the subsection number on an identifier page for that section):**

Application form obtained at [www.abnm.info/Exam\\_Main.htm](http://www.abnm.info/Exam_Main.htm).

1. Current Curriculum Vitae or Resume (Policy and procedure manual Section III. Part 1)
2. Proof of educational degree (Policy and procedure manual Section III. Part 2)
  - i. Doctoral degree: Copy of diploma
3. Foreign or medical degree: (Policy and procedure manual Section III. Part 2)
  - a. Certificate of the USMLE Step 1, or
  - b. Certificate of primary-source credential verification such as provided by the EICS (ECFMG International Credentialing Services), or,
  - c. Certified Evaluation of a foreign educational program such as provided by the AACRAO (American Association of Collegiate Registrars and Admissions Officers), or,
  - d. Documentation from an equivalent verification service
4. Official transcript for graduate level coursework (Policy and procedure manual Section III. Part 2)
5. Description of graduate level coursework to include: (Policy and procedure manual Section III. Part 3)
  - i. Graduate level coursework in Neuroanatomy

Course Title and Code: Neuroanatomy. Code # \_\_\_\_\_

Equivalent Course Title: \_\_\_\_\_

Equivalent Course Code: \_\_\_\_\_

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

6. Graduate level coursework in Neurophysiology (Policy and procedure manual Section III. Part 3)

Course Title and Code: Neurophysiology. Code # \_\_\_\_\_

Equivalent Course Title: \_\_\_\_\_

Equivalent Course Code: \_\_\_\_\_

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

7. Case log of 300 cases (Policy and procedure manual Section III. Part 5)
  - i. Case log may only be submitted using the Excel spreadsheet found on the ABNM website.
  - ii. No other format will be accepted. ([www.abnm.info/CaseLog.htm](http://www.abnm.info/CaseLog.htm))
    - a. Only case logs arranged by date will be accepted. Arrange from oldest date (case 1) to most recent date (case 300). Use the “sort” feature in Excel spreadsheet to arrange the case log in this format and **then print out for submission to PTC.**
8. Attestations of two attending surgeons (Policy and procedure manual Section III. Part 6). Obtain form from [www.abnm.info](http://www.abnm.info)
9. Statement of Training Neurophysiologist (Policy and procedure manual Section III. Part 7). Obtain form from ABNM website [www.abnm.info](http://www.abnm.info).
10. Completed and signed application form. (Policy and procedure manual Section II and Section III. Part 8)
11. Current application and examination fee. (Policy and procedure manual Section II)
12. Application checklist. Obtain form from [www.abnm.info](http://www.abnm.info).
13. Application packet must be post-marked by the Application deadline.

III. Steps in the application process:

1. Determine eligibility requirements
  - i. Doctoral degree
  - ii. Educational course work
  - iii. Cases/experience
  - iv. Intraoperative monitoring training
  - v. Work with surgeons
2. **ALL** Application materials must be assembled into one application packet with the exception of transcripts which may be sent directly to PTC from the issuing Institution
  - i. Curriculum vitae or resume
  - ii. Proof of education degree(s)
  - iii. Official transcript(s) of course work and description of course work
  - iv. Case log demonstrating 300 cases and 36 months experience
  - v. Attestation of two attending surgeons
  - vi. Statement of Training Neurophysiologist
3. Complete and sign application form
4. Send application with payment for examination fee to PTC
5. The complete Application packet must be post-marked by the application deadline. Transcripts, if sent to PTC directly, must also be post-marked by the Application deadline
6. Incomplete Application packets or, Application packets post-marked after the Application deadline, will be returned in their entirety.

Payment Instructions:

ABNM Certification Examination in Neurophysiologic Monitoring - Part I-Written.

Application fee: \$150 non-refundable processing fee

Examination fee: \$650

If paying by credit card: submit one credit number.

PTC will assign \$150 to the application fee and \$650 to the examination fee.

If paying by check, made out to PTC:

Submit one check for \$150 (nonrefundable application fee)

Submit a second check for \$650 (examination fee)

Applications for the written examination will be submitted to the

Professional Testing Corporation (PTC),

1350 Broadway - 17th Floor,

New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com).

PTC administers the written examination twice a year at dates listed on the **ABNM** web site.

## ABNM Case Log

Use the Excel Spreadsheet located

[www.abnm.info/ExamForms/ABNM Case Log.xlsx](http://www.abnm.info/ExamForms/ABNM Case Log.xlsx) or

[www.abnm.info/ExamForms/ABNM Case Log.xlsx](http://www.abnm.info/ExamForms/ABNM Case Log.xlsx)

Follow Application Instructions for Proper Case Log Submittal

# AMERICAN BOARD OF NEUROPHYSIOLOGIC MONITORING

## Statement from Training Neurophysiologist

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

### Qualifications:

A qualifying training neurophysiologist is either an individual with Board Certification from the American Board of Neurophysiologic Monitoring (Sections 1, 2 & 5), or, a licensed physician who is Board Certified in Neurology, Clinical Neurophysiology or Physical Medicine and Rehabilitation (Sections 1, 3 & 5). A licensed physician who is Board certified in a specialty other than Neurology, Clinical Neurophysiology or Physical Medicine and Rehabilitation, may be considered to be deemed appropriate by this Board as a Training Neurophysiologist by completing Sections 1, 4 and 5 of this form and by submitting their Curriculum Vitae, Board Certification and documentation of their training and experience in clinical neurophysiology, with this Statement.

The Training Neurophysiologist must attest to a minimum of 3 years 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 training to the applicant in the interpretation of neurophysiological data, **does not** qualify to be the applicant’s Training Neurophysiologist. Finally, the statement from the Training Neurophysiologist must attest to the fact that the Training Neurophysiologist conducted training of the applicant in person and in the operating room and that none of this training was provided either indirectly or remotely or on-line.

### 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 training of this candidate.

Please complete Section # 1 and Section #2, or Section #3, or Section #4 as appropriate, and Section #5, and return this completed form directly to the applicant.

#### ✓ **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, ABCN, ABPMR)**

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

Please submit a copy of your Board Certification and current C.V.

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

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

Training and Experience: \_\_\_\_\_

\_\_\_\_\_  
Please submit a copy of your Board Certification, current C.V. and documentation that supports your training in clinical neurophysiology.

All supporting materials must be included in the candidate's application packet and may not be submitted separately.

✓ **Section 5. Attestation:**

I have reviewed the material being submitted by the above named applicant including the applicant's case log. My signature below verifies that the applicant was trained by me in person and in the operating room and that the applicant was present and involved in providing interpretation of data obtained through neurophysiologic intraoperative monitoring during those surgical cases where I functioned as the training neurophysiologist and am listed on the case log/report.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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 Certification Examination in Neurophysiologic Monitoring.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Position \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please return this form to: Professional Testing Corporation  
1350 Broadway – 17<sup>th</sup> Floor, New York, New York 10018

## 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 Certification Examination in Neurophysiologic Monitoring.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Position \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please return this form to: Professional Testing Corporation  
1350 Broadway – 17<sup>th</sup> Floor, New York, New York 10018



# AMERICAN BOARD OF NEUROPHYSIOLOGIC MONITORING

## ***ABNM 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](http://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:

- 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. No. Proceed to Number 4.
  - or  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:**

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 a printout of the electronic spreadsheet. With 300 cases in chronological order and ALL pages signed and dated.**

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

a. *Name of 1<sup>st</sup> Surgeon:* \_\_\_\_\_

and

b. *Name of 2<sup>nd</sup> Surgeon:* \_\_\_\_\_

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

a. *Name of Training Neurophysiologist:* \_\_\_\_\_

b. *Name of Training Neurophysiologist:* \_\_\_\_\_

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

a. Completed, signed Application

and

b. \$800 Examination Fee (includes \$150 non-refundable application fee)

**11. 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 \_\_\_\_\_