

ASEPA-ASNA EEG Certification Examination

PART 1 (WRITTEN) EXAMINATION

Application Form

Insert / Paste
Latest Photo

All items in this form must be filled. Type or write legibly.

Family / Last Name: _____ Date of Birth: _____

First Name: _____ Middle Name: _____ Sex: Male / Female

Occupation: Neurologist / Neurology Resident or Trainee / EEG Technologist /
Epilepsy or EEG Fellow / Others: _____

Mailing Address:

E-MAIL: _____ FAX _____

EEG Training

	Hospital	City/Country	Dates
1.	_____	_____	_____
2.	_____	_____	_____

EEG Trainer(s)

1. _____

2. _____

I will take the Part 1 Examination on:

I hereby declare that the facts stated in this application are true, and I agree to abide by the rules of the ASEPA-ASNA EEG Certification Examination Board. I understand and agree that any misrepresentation of said facts or violation of any of said rules will result in automatic disqualification or revocation of the Certification. I further agree to hold the Board or any of its members from any claim for damages as a result of any action, it, they or any of them may take in connection with this application, the examination, the result thereof and the failure to issue, or the revocation of a Certificate.

Signature of Applicant: _____ Date: _____

VERIFICATION OF EEG TRAINING

To be completed by EEG Trainer

Name of Candidate: _____

Location(s) of Formal EEG Training

1. _____

2. _____

Dates of Training

1. Start Date _____ End Date _____

2. Start Date _____ End Date _____

Is this candidate capable of appropriate, independent interpretation of EEGs? Yes / No

Do you recommend this candidate for examination? Yes / No

Other Comments: _____

Name of Trainer / Programme Director: _____

Signature: _____ Date: _____

Please return the completed form (Page 1 & 2) by e-mail or fax:

E-Mail: asepaeegexam@gmail.com

Fax: 65-6220-3321