

ABNM Written Examination for Recertification

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.

ABNM RECERTIFICATION EXAMINATION Policy and Procedure Manual Section XII

Upon successful completion of both the ABNM Part I-Written examination and the ABNM Part II-Oral examination, the candidate will be Board Certified for a period of ten years.

Diplomates may apply for Recertification within two years prior to the expiration of their current Certification period by completing an Application for Recertification.

The recertification process will entail:

1. Retaking a written examination consisting of general questions on topics within specialties chosen by the ABNM.
2. Effective January 17, 2014, documentation of a minimum of 45 Continuing Medical Education (CME) Credits in the completed "**ABNM Record of CME in Clinical Neurophysiology**" (Page 2).
3. CME credits must be obtained during the five year period prior to the month and year of the recertification examination being applied for. CME credits obtained prior to the specified five year period will not be accepted.
4. CME credits may be obtained at any time during this five year period but must total 45.
5. Approved areas for CME credits. **All** of the 45 required CME credits must be in the area of Clinical Neurophysiology. Approved CME courses in Clinical Neurophysiology include all courses provided by the ASNM, ACNS, ISIN, IFCN or AANEM. Clinical Neurophysiology CME credits obtained as part fulfillment of other courses, such as AAN, ASSFN, AANS, etc., will also count.
6. Non-approved areas for CME credits. Candidates are **required** to include a brief statement describing how CME credits obtained in unapproved venues not **listed herein** in section 5, relate to the practice of IONM.
7. Copies of CME certificates must be provided for all 45 required CME credits. CMEs must be awarded by approved educational institutions.
8. The acceptance or denial of all CME credits submitted with an application for ABNM Recertification will be at the discretion of the ABNM and may not be appealed.
9. Submission of the Recertification examination fee of \$650.

The ABNM Recertification written exam will contain 250 questions. The passing score will be 70% or 175 correct answers of the 250 questions in the examination. The Recertification examination will be administered at the same dates and locations as the current ABNM Part I-Written examination is offered. Information concerning examination sites should be obtained from PTC.

The application form can be found on the ABNM website at www.abnm.info/Exam_Main.htm. Application materials include; Application form, Application Instructions and CME Record.

Payment: \$650 payable to PTC by credit card or check

Application materials and fees are to be sent to PTC at:

Professional Testing Corporation (PTC)
1350 Broadway - 17th Floor
New York, New York 10018

PTC Tel: (212) 356-0660

PTC website: www.ptcny.com.

ABNM RECORD OF CONTINUING MEDICAL EDUCATION in CLINICAL NEUROPHYSIOLOGY

Each practitioner wishing to submit an application for the ABNM credentialing examination for recertification must submit proof of 45 continuing medical education (CME/CE) hours in the area of Clinical Neurophysiology. Documentation submitted should include CME/CE activities completed within 5 years to the month and date of the examination being applied for. All 45 credits must be in the specialty of clinical neurophysiology. If you have a question regarding the number of credits, or the approved areas of CME courses, please contact the ABNM. Certificates of “participation” are not acceptable.

To provide documentation and proof of your CME/CE activities, please do the following:

- 1) List the courses you have taken, the date of completion, and the source/sponsor of CME/CE credit hours received. Please attach as many sheets as required.
- 2) Submit copies of certificates or letters received for each CME/CE activity. Please insure the copy shows the course name, course dates, location of the course and the number of CME/CE hours received.
- 3) Submit a detailed letter of justification for unapproved areas for CME credits describing how unapproved CME courses relate to the practice of IONM.

Month _____ and Year _____ of Recertification Examination applied for:

CME/CE Course or Activity Name	Date(s) (mm/yyyy)	Sponsor	# Credits Received
Total Number of CME/CE Credits (must total 45 or more):			

Typed or Printed Name: _____ Date: _____



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 17, 2014, documentation in the ABNM Record of Continuing Medical Education (CME) in Clinical Neurophysiology, of a minimum of 45 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 45. CME credits obtained prior to the specified five year period will not be accepted. **All** 45 required CME credits must be in the area of Clinical Neurophysiology. Approved CME courses in Clinical Neurophysiology include all courses provided by the ASNM, ACNS, ISIN, IFCN or AANEM. Clinical Neurophysiology CME credits obtained as part fulfillment of other courses, such as AAN, ASSFN, AANS, etc., will also count. Non-approved areas for CME credits; candidates are **required** to include a brief statement describing how CME credits obtained in unapproved venues not **listed herein**, relate to the practice of IONM. The acceptance or denial of all CME credits submitted with an application for ABNM Recertification will be at the discretion of the ABNM and may not be appealed.

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, 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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