



Canadian Society of Clinical Neurophysiologists
APPLICATION FOR CSCN EEG EXAMINATION

CONFIRMATION OF EEG TRAINING – TIME BASED ELIGIBILITY (2025 only)

Candidate Name: _____

Training Director Information

Name: _____ Institution: _____

Address (including Country): _____

Email: _____ Phone: _____

Certification of training in EEG (check one):

CSCN diplomate

Other, provide details: _____

Dates and Duration of Candidate's Training

For end dates in the future, enter numbers based on completion date of training

Start Date (mm/dd/yy)	End Date (mm/dd/yy)	Duration (weeks)	Location	# of half days per week of EEG reading	# of EEG studies reported

Training Director Attestation

I hereby certify that the candidate has successfully completed EEG training and is suited to practice clinical EEG and has demonstrated competence in independent interpretation of EEG.

If the end of training date is in the future, I understand that I will be contacted by the CSCN Exam Registrar prior to the exam date to verify successful completion of training.

Name of Training Director (please print)

Date

Training Director Signature

This form must be emailed by the Training Director directly to eegexam@cnsf.org