



Canadian Society of Clinical Neurophysiologists
APPLICATION FOR CSCN EEG EXAMINATION

CONFIRMATION OF EEG TRAINING – COMPETENCY BASED ELIGIBILITY

Candidate Name: _____

Training Director Information

Name: _____ Institution: _____

Address (including Country): _____

Email: _____ Phone: _____

Certification of training in EEG (check one):

CSCN diplomate

Other, provide details: _____

I have reviewed the candidate's logbook and certify that the candidate has interpreted and generated written reports for EEGs in the following categories. At least 50% of completed EEGs in each category, and of the total number of recordings, must be abnormal.

EEG Recording Type	# Required (minimum)	# Completed	% Abnormal
Adult EEGs (age ≥ 18 years)	100		
Pediatric EEGs (age 1 month – 18 years)	100		
Neonatal EEGs (age <1 month)	25		
Intensive Care Unit EEGs (adult or pediatric)	50		
Total Number of Recordings	500		

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