Email Form Print Form

American Association of Neuromuscular & Electrodiagnostic Medicine
2621 Superior Drive NW, Rochester, MN 55901 T: 507.288.0100 F: 507.288.1225 www.aanem.org

SUPERVISING PHYSICIAN STATEMENT OF RESPONSIBILITY

Collaborator Applicant's Name (print): _____

Dear Dr. _____:

I am applying for Collaborator membership in the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). To be eligible for membership, Collaborator applicants must provide a Letter of Support from a current AANEM Fellow or Active member or his/her supervising physician must complete this Statement of Responsibility for review. Other requirements for collaborator membership in the AANEM include that applicants must:

a. Be a nonphysician who:
   i. Does not and will not perform or interpret needle electromyography (EMG) studies or interpret nerve conduction studies (NCSs)
   ii. Works in collaboration with a neurologist or physiatrist who treats patients with neuromuscular diseases.
   iii. Is not a technologist or researcher.

b. Agrees to abide by the AANEM's position statement Who is Qualified to Practice Electrodiagnostic Medicine? stating that the results of the initial NCSs are reviewed by the physician as they are obtained (on-site) and that only properly trained physicians perform and interpret needle EMG and interpret nerve conduction studies.

I would appreciate your support of my application to the AANEM. If you agree to support my application, ***please answer the questions below and return the form to the AANEM***.

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Supervising Physician:

Name: _____
First Middle Last Professional Designation

Medical License: _____
State of Issue Number

Business/Practice Name: _____

Address: _____
Number and Street City State Zip

Telephone: _____ Email: _____

Physician Specialty: ☐ Neurology ☐ PMR ☐ Clinical Neurophysiology ☐ Other _____

Board Certification(s):
☐ ABPMR ☐ ABPN ☐ ABEM ☐ Clinical Neurophysiology
☐ Neuromuscular Medicine ☐ Not Certified
☐ Other (please specify)_____

1. Does the applicant perform needle EMG procedures or NCS procedures? ☐ YES ☐ NO

2. What is the role of the collaborator?

   ☐ Nurse ☐ Physician's Assistant ☐ Office/Practice Manager
   ☐ Pharmacist

   Other (please specify)_____

3. Please share with us the collaborator's role in working with you and why you support the applicant's membership in the AANEM:
   _____
   _____

Supervising Physician Signature

I certify that I am the supervising physician for the Collaborator named above. I further affirm that the information in this statement of responsibility is complete and accurate to the best of my knowledge.

_____ _____

Signature of Supervising Physician *Date*

Please return this completed form to:

AANEM
2621 Superior Drive NW
Rochester, MN 55901
FAX: 507.288.1225
Email: membership@aanem.org