



**Physician(s) Worksheet** - Please complete for each physician working in the laboratory that is not serving as a LMD.

Name \_\_\_\_\_  
First Last

**Please circle the appropriate response to the following questions.**

Has the physician completed an ACGME or RCPSC approved residency in neurology or physical medicine and rehabilitation?

Yes No

Has physician completed primary board certification in neurology or physical medicine and rehabilitation?

Yes No

Has the physician completed 3 months of training in electrodiagnostic medicine during an ACGME or RCPSC approved residency?

Yes No

Has the physician completed certification by one of the following:

- ☐ American Board of Electrodiagnostic Medicine
- ☐ American Board of Psychiatry and Neurology subspecialty certification
  - ☐ Clinical Neurophysiology
  - ☐ Neuromuscular Disease
- ☐ American Board of Physical Medicine and Rehabilitation
  - ☐ Neuromuscular Disease
- ☐ None of the above