Certified Nerve Conduction Technologist

American Board of Electrodiagnostic Medicine

Checkpoint Credit Request Form

This form, along with payment of the appropriate fee must be returned to the ABEM Office
30 days prior *to the start of the event or program.*

Sponsor Information

Sponsoring organization: _____

Program Director: _____

Mailing address: _____

City: _____

State: _____ Zip code: _____

Phone: _____

Email: _____

Program Details

Select one:

❏ Meeting/Course/Workshop (live)   ❏ Single Lecture or lecture series

Select one:

❏ State, local or regional Society   ❏ National Society or Association
❏ Hospital or University

Program Title: _____

Number of hours focused on nerve conduction studies (3+ hours required): _____

Is a quiz required after the session or event? _____

Anticipated attendance: _____ Participant fee: _____

Program date/s: _____

Location (city, state): _____

Summary of content

Please summarize the content for the event or educational offering. Please include the event/program schedule and a list of the faculty/content creators including credentials in a separate document. Please also include the post-event quiz questions for review.

Accountability

Should this program be approved by ABEM for Checkpoint credit, the undersigned, on behalf of the sponsor[s], agree to:

1. Assure that the program described herein is conducted as proposed;
2. Print the following disclaimer in full on program information and schedule:

   "The American Board of Electrodiagnostic Medicine (ABEM) has granted Checkpoint credit for this program. Such crediting, however, should not be construed by program participants as an endorsement of any type of instruments or supplies mentioned or involved in these presentations."

The completed application will not be reviewed until payment has been received and the program schedule/outline has been provided.

Signature of Program Director/Contact Person: _____

Role/Title: _____

Date of application: _____