



SUPERVISING PHYSICIAN STATEMENT OF RESPONSIBILITY

Technologist Applicant's Name (print): _____

Dear Dr. _____:

I am applying for Technologist membership in the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM). To be eligible for membership, Technologist 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 by the AANEM Board. Other requirements for technologist membership in the AANEM include that applicants must:

- a. Be contributing actively to the clinical practice of EDX and/or neuromuscular medicine.
b. Agree 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.
c. If performing NCSs, be under the direction of a neurologist or physical medicine and rehabilitation (PMR) physician during the performance of NCSs.

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.

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
[] Not Certified [] Neuromuscular Medicine
[] Other (please specify) _____

Technologist Duties

Please indicate the types of procedures or duties the applicant performs under your supervision (check all that apply):

- EEG
- Evoked Potentials
- Intraoperative Monitoring (IOM)
- NCS
- Polysomnography
- Ultrasound
- Other (please specify) _____

Supervision

Date Supervision Began: _____

1. Does the technologist applicant perform NCSs? YES NO (if no, skip to question 2)
 - a. Do you provide overall direction and control when the technologist applicant performs NCSs?
 YES NO
 - b. Are you present in the office suite and immediately available to furnish assistance and direction to the technologist applicant when he/she performs NCSs?
 YES NO
 - c. Do you provide the written clinical interpretations derived from the applicant's NCSs for the patient's formal electrodiagnostic report?
 YES NO
 - d. Are NCSs interpreted onsite and results conveyed to the patient by the physician?
 YES NO
 - e. If you answered NO to any of the above questions, please explain: _____

2. Does the technologist applicant perform needle EMG procedures? YES NO (if no, skip to 3)
 - a. Does the applicant provide written clinical interpretations derived from EMG examinations?
 YES NO
If YES to the above, please explain: _____

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

Supervising Physician Signature

I certify that I am the supervising physician for the technologist 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