

# ASEPA-ASNA EEG Certification Examination

## APPLICATION FOR PART 1 (WRITTEN) EXAMINATION

5<sup>TH</sup> JUNE 2010 / 22<sup>ND</sup> OCTOBER 2010

Latest  
Photo

TYPE OR PRINT LEGIBLY. All items on this form must be filled out.

FAMILY/LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

MIDDLE NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Mailing Address

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E-MAIL \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

### TRAINING IN EEG

	Hospital	City/Country	Dates
1.	_____	_____	_____
2.	_____	_____	_____

### EEG TRAINER

1. \_\_\_\_\_

2. \_\_\_\_\_

I will take the Part 1 (Written) Examination on 5<sup>TH</sup> June 2010 / 22<sup>ND</sup> October 2010 \*\*

(\*\* Please circle one)

I hereby declare that the facts stated in this application are true, and I agree to abide by the rules of the ASEPA-ASNA EEG Certification Examination Board. I understand and agree that any misrepresentation of said facts or violation of any of said rules will result in automatic disqualification or revocation of the Certification. I further agree to hold the Board or any of its members from any claim for damages as a result of any action, it, they or any of them may take in connection with this application, the examination, the result thereof and the failure to issue, or the revocation of a Certificate.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# VERIFICATION OF EEG TRAINING

*To be completed by EEG Trainer*

CANDIDATE'S NAME \_\_\_\_\_

LOCATION OF FORMAL EEG TRAINING

1. \_\_\_\_\_

2. \_\_\_\_\_

DATES OF TRAINING

1. Start Date \_\_\_\_\_ End Date \_\_\_\_\_

2. Start Date \_\_\_\_\_ End Date \_\_\_\_\_

IS THIS CANDIDATE CAPABLE OF APPROPRIATE, INDEPENDENT INTERPRETATION OF EEGs?

\_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU RECOMMEND THIS CANDIDATE FOR EXAMINATION?

\_\_\_\_\_ YES \_\_\_\_\_ NO

OTHER COMMENTS \_\_\_\_\_

NAME OF TRAINER / PROGRAMME DIRECTOR \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form (Page 1 & 2) to:

Dr Shih-Hui LIM  
c/o Department of Neurology  
Singapore General Hospital  
Outram Road,  
Singapore 169608

Fax: 65-6220-3321  
E-Mail: lim.shih.hui@sgh.com.sg