**ASEPA-ASNA EEG Certification Examination**

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**PART 1 (WRITTEN) EXAMINATION**

***Application Form***

***All items in this form must be filled. Type or write legibly.***

**Family / Last Name: Dr / Mr / Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex:** Male / Female **Age: Years**

**Occupation:** Neurologist / Neurology Resident or Trainee / EEG Technologist /

Epilepsy or EEG Fellow / Others:

**Mailing Address:**

**E-Mail Address:**

**EEG Training**

Hospital City/Country Dates

1.

2.

**EEG Trainer(s)**

1.

2.

**I will take the Part 1 Examination on 8th July 2023 in Singapore**

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***

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location(s) 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:** [**shihhui.lim@duke-nus.edu.sg**](mailto:shihhui.lim@duke-nus.edu.sg)