



Canadian Society of Clinical Neurophysiologists  
**APPLICATION FOR CSCN EEG EXAMINATION**

**CONFIRMATION OF EEG TRAINING – COMPETENCY BASED ELIGIBILITY**

Candidate Name: \_\_\_\_\_

EEG Training Director Information (this form must be completed by the person supervising the EEG training)

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Address (including Country): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Certification of training in EEG (check one):

CSCN diplomate

Other, provide details: \_\_\_\_\_

I have reviewed the candidate's logbook and certify that the candidate has interpreted and generated written reports for EEGs as noted below. At least 50% of the total number of recordings must be abnormal.

EEG Recording Type	Minimum #	# Completed	% Abnormal
Adult EEGs (age $\geq$ 18 years)	100 recommended		
Pediatric EEGs (age 1 month – 18 years)	100 recommended		
Neonatal EEGs (age <1 month)	25 recommended		
Intensive Care Unit EEGs (adult or pediatric)	50 recommended		
<b>Total Number of Recordings</b>	<b>400 required</b>		

**EEG Training Director Attestation**

I hereby certify that the candidate has successfully completed EEG training, is suited to practice clinical EEG and has demonstrated competence in independent interpretation of EEG.

If training is in progress and the total number of required recordings has not yet been achieved, I understand that a revised form will need to be submitted to the CSCN Exam Registrar at least one month prior to the exam date to verify successful completion of training.

\_\_\_\_\_  
Name of EEG Training Director (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
EEG Training Director Signature

**This form must be emailed by the EEG Training Director directly to [eegexam@cnsf.org](mailto:eegexam@cnsf.org)**