

CLINICAL SITE VERIFICATION FORM

It is the responsibility of the applicant, in collaboration with the Program Chairperson, to arrange for a clinical experience. Hands-on clinical experience must be obtained in a neurodiagnostic laboratory where EEG recordings are performed on a regular basis; must be for a minimum of sixteen (16) hours per week for one year; and must be under the supervision of a registered EEG technologist. The laboratory must agree to provide clinical supervision, feedback and evaluation on an on-going basis. All evaluation forms will be provided by the College.

Name of applicant: _____
print *signature*

Name of hospital or clinical site: _____

Address: _____

Administrator authorizing clinical experience (please print): _____

Signature: _____

Phone Number: _____ Email: _____

Supervising Technologist: _____
print *signature*

ABRET EEG Registration Number: _____
supervising tech

Signing this form verifies the department supervisor's and technologist's willingness to mentor a student. It is understood that a legal clinical contract is also required before a student will be assigned to this site. A required online orientation will be provided for clinical supervisors and technologists.

Please check semester/s clinical is able to accommodate student:

☐ Fall
☐ Spring
☐ Summer

