

## Instructions

1. Please read the descriptive brochure prior to completing this application.
2. Please print or type all information.
3. All questions must be answered in full and specific dates must be given where requested.
4. The application fee is \$400. If accepted for examination, the examination fee is \$600. Re-take examination fee is \$400 for one part, \$600 for two or three parts. Application fees are not refundable.
5. The completed application and payment of application fee along with two photographs must arrive at the office of

EEG and Clinical Neuroscience Society  
c/o Dr. Lukasz Konopka  
Biological Psychiatry Section 116a7  
Hines VA Hospital  
Hines Il 60141

*at least six-weeks before the date of the examination* for which the applicant is applying.

### IDENTIFYING DATA

NAME \_\_\_\_\_  
Last First Middle

MAILING ADDRESS \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip

TELEPHONE \_\_\_\_\_  
Work Home

SOCIAL SECURITY NUMBER \_\_\_\_\_

EDUCATION-Undergraduate, and Graduate--attach notarized/certified copy of diplomas

Name of School	Location	Dates Attended	Major	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EEG/qEEG/NEUROPHYSIOLOGY EDUCATION AND TRAINING

Please List Academic Courses Taken in the Field of Neurophysiology

Name of Course

Where

When

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attach separate page if more space is needed

TRAINING

Please list EEG/qEEG Training

Where Trained

When  
(Give specific dates and  
Amount of time spent)

By Whom

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CONTINUING EDUCATION

(please list EEG/qEEG/Neurophysiology meetings and courses taken since Ph.D.)

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**PROFESSIONAL ACTIVITIES**

**Academic Appointments**

Where

When

Position

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attach additional sheet if necessary

**Research Experience and Interests**

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**Professional Organization Memberships**

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**Describe Your Professional Activities for the Past 2 Years**

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**PUBLICATIONS**

(please list)

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(attach additional sheet if necessary)

Ph.D. or Psy.D. DISSERTATION

Title:

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Summarize Results:

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# EEG and Clinical Neuroscience Society

## Application for Examination and Certification of Competence in EEG, Neurophysiology, and Quantified EEG for PhD's

I hereby make application to the ECNS for the issuance to me of a certificate of competence in EEG, Neurophysiology, and Quantified EEG and for examination relative thereto, in accordance with the rules and regulations of ECNS.

Accordingly I hereby agree that the ECNS may make inquiry about my professional standing from my peers, from other colleagues that the board may choose to query, from academic institution with which I have been affiliated, and from state and federal agencies. I accept the ECNS's regulations regarding the confidential handling of this information. I agree to disqualification from examination or from issuance of a Certificate of Competence and to forfeiture and return of such Certificate of Competence in the event that any of the statements hereinafter made by me are false or in the event that any of the rules governing such examination are violated by me. I agree to hold harmless said EEG and Clinical Neuroscience Society, directors, examiners, officers and agents free from any damage or claim for damage or complaint by reason of any action they, or any of them, may take with this application, such examination the grade or grades given with respect to any examination, and/or failure of the ECNS to issue to me a Certificate of Competence.

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

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This Space For Administrative Use Only