

## **Application Instructions**

### **Section I. Background Information**

This section is to be completed as indicated.

### **Section II. Education, Certification, and/or Licensing**

#### **Degrees Awarded**

This section is to be completed as indicated. Copies of unofficial transcripts and degrees awarded may be included and will expedite the application process, however, the official transcripts must be received prior to awarding specialty certification in IOM. Applicants must provide proof of completion of one semester of neuroanatomy. Neuroanatomy coursework that has not been completed through an accredited university will be subject to board approval.

#### **Certifications and Licensing**

Please include only those certifications and licenses relevant to the field of Audiology or IOM (e.g., audiology state license, CCC-A, CNIM, DABNM, ABA). Photocopies or emailed PDF copies of Certificates including, but not limited to, ASHA certification must be included for all certifications and licenses listed in Section II.

#### **Continuing Education Units**

Applicants must provide proof of attendance and successful completion of 15 hours of ASHA or other continuing education units (CEUs) related to intraoperative monitoring. Mentored activities with a clinician who has a minimum of 3 years experience will also be considered by the Board. Continuing education (CE), mentored activities, workshops, and coursework must have been obtained following completion of CCC-A requirements, and within 5 years prior to making application. Applicants must include documentation of all completed ASHA and non-ASHA CEUs related to intraoperative monitoring that meet the above-stated criteria.

### **Section III. Experience**

#### **Location(s)**

The information must be entered as requested for clinical sites where IOM procedures were performed. The abbreviations provided will be used to complete Section IV, Case/Patient Log.

#### **Surgeon(s)**

Information in this section includes the primary operating (attending) surgeon(s) where IOM procedures were performed. The last name listed in this section will be used as a reference for Section IV, Case/Patient Log.

#### **Supervisor(s)**

Provide the name and credentials (degrees, certifications, etc.) of any or all persons who served in the role of primary supervisor and/or IOM mentor. If you provided these services as an employee, provide the name of an administrative individual who can verify your employment. If you are self-employed, use your name and practice name.

## **Section IV. Case/Patient Log**

Applicants must have performed and interpreted a minimum of 225 intraoperative neuromonitoring cases across at least three different surgical specialties (e.g., spine, intracranial, vascular, cardio-thoracic, peripheral nerve, otologic, head and neck, etc.). Intraoperative neuromonitoring experience must have been completed within three (3) years prior to applying for BCS-IOM.

The Case/Patient Log should reflect the candidate's most recent activity as a provider of IOM. The last names of the surgeon/physician or supervisor must be provided when referencing each case or patient. Each of these individuals are to be referenced under Section III. If services listed were provided as a private practitioner, the candidate must enter their last name and reference the surgeon for IOM patients. Do not list patient names in keeping with HIPAA regulations. Case logs are subject to audits at the discretion of the Board.

## **Section V. Attestations**

IOM cases must be verified by a supervisor and/or operating surgeon, as requested by the Board. Verification may be provided in the form of a reference letter or by completion of the attestation forms provided in this application packet (Section V. Attestations; Supervisors or Surgeons).

### **Supervisor**

Attestations are required to document the Case/Patient Log entries. The supervisor attestation is all that is required if the IOM services were provided as an employee. The Board recognizes a supervisor as an individual who can demonstrate three (3) consecutive years experience as a provider of IOM, a list of locations where this individual currently provides IOM services, and verification of (if any) certification in IOM (e.g., CNIM, DABNM). Verification of each supervisor will be taken on an individual basis. ASHA recognizes that IOM training and experience may be obtained under the guidance and/or supervision of non-ASHA certified (CCC-A) individuals with proper training and experience as to make them competent in the provision and supervision of IOM. Should the supervisor prefer to provide a letter of reference in place of the provided attestation form, the Board will deem this adequate as long as the statement shown (or statement of similar wording) appears as part of the letter of reference.

### **Surgeon**

Surgeon attestations are required and must reflect as entries in Section IV, Surgeon(s). The attesting document or letter of reference must indicate that you have provided IOM services to the attesting surgeon including interpretation of the neuromonitoring data.

## **Section VI.**

### **Adverse Experiences**

This section is to be completed as indicated.

### **Payment Information and Submission**

This section is to be completed as indicated.