



## EEG TECHNOLOGIST SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

**Instructions:** Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

**Self Assessed Experience Rating Scale**  
 1 = No Experience    2 = Minimal Experience    3 = Performs well/Competent    4 = Supervise and Teach

Skills:	1	2	3	4
<b>Perform the Following:</b>				
10-20 Electrode Placement				
Portable Recording in Adult ICU				
Portable Recording in Pediatric ICU				
Portable Recording in NICU				
ECI-Brain Death Recording				
Ambulatory EEG				
Sleep Deprived EEG				
Sleep EEG				
<b>Evoked Potentials:</b>				
Somatosensory Evoked Potentials (SSEP)				
SSEP in OR				
Motor Evoked Potential (OR)				
Electromyography in OR				
Visual Evoked Potential				
Auditory Evoked Potential				
Assist With Nerve Conduction Studies/ Electromyography				
<b>Equipment:</b>				
Paper Machine Experience				
Digital Machine Experience				
Nicolet				
Cadwell				
Grass-Telafactor				
Biologic				

<b>Skills Continued:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>		
XLTek						
Nihon Kodon						
Other:						
<b>Documentation:</b>						
Obtain Patient History						
Changes In Patient Status						
Stimulation						
Hyperventilation						
Post Hyperventilation						
<b>Miscellaneous</b>						
National Patient Safety Goals						
Computerized Charting						
<b>1. Age Specific Practice Criteria</b>			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Newborn/Neonate (birth – 30 days)						
Infant (30 days – 1 year)						
Toddler (1 – 3 years)						
Preschooler (3 – 5 yrs)						
School age children (5 – 12 years)						
Adolescents (12 – 18 years)						
Young Adults (18 – 39 years)						
Middle Adults (39 – 64 years)						
Older Adults (64+ years)						
Able to adapt care to incorporate normal growth and development						
Able to adapt method and terminology of patient instructions to their age, comprehension, and maturity level.						
Can ensure a safe environment, reflecting specific needs of various groups.						

### Certification:

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (i.e. 1/31/2007).

<b>Certification:</b>	<b>Expiration Date:</b>
BCLS	
CNIM	
EEG Credential	
EP	
Other:	

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (print)