Academy of Clinical Electrophysiology and Wound Management APTA

Electrodiagnostic Laboratory Accreditation Application Form

Laboratory Information												
Name of Lab:	ne of Lab:				Phone Number:							
Website Address:	te Address: Email Address:											
Mailing Address Street/PO Box:												
City:	State:			Country:	Zip:							
Main Clinic Information												
Name of Main Clinic where stu	idies are performe	ve): Phone Number:										
Website Address: Email Address:												
Mailing Address Street/PO Box	reet/PO Box:											
City:	State:		Coun	ntry:	Zip	:						
Lab Director Information												
Name:		License/degree(s):	:			EMG Yrs./Exp.:						
Specialist Certifications:												
Electromyographers who see patients at this clinic												
Name:		License/degree(s):	:			EMG Yrs./Exp.:						
Specialist Certifications:												
Name:		License/degree(s):	:			EMG Yrs./Exp.:						
Specialist Certifications:												
Name:	License/degree(s):				EMG Yrs./Exp.:							
Specialist Certifications:												
Studies/Month: Total Number												
Entrapment/Neuropathies:	Polyneur	opathies:	Radio	culopathies:	Ot	her:						
Satellite Facility #1 Information												
Satellite Facility #1 Inform	nation											
Name of Lab:	nation			Phone Number:								
-	nation		Er	Phone Number: mail Address:								
Name of Lab:			Er									
Name of Lab: Website Address:			Er			Zip:						
Name of Lab: Website Address: Mailing Address Street/PO Box	κ: State:	this clinic	Er	mail Address:		Zip:						
Name of Lab: Website Address: Mailing Address Street/PO Box City:	κ: State:	this clinic		mail Address:		Zip: EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Bo: City: Electromyographers who	κ: State:			mail Address:								
Name of Lab: Website Address: Mailing Address Street/PO Boz City: Electromyographers who Name:	κ: State:			mail Address:								
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications:	κ: State:	License/degree(s):		mail Address:		EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name:	κ: State:	License/degree(s):	:	mail Address:		EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications:	κ: State:	License/degree(s):	:	mail Address:		EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Name:	κ: State:	License/degree(s):	:	mail Address:		EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Name: Specialist Certifications:	state: see patients at	License/degree(s):	:	mail Address:		EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Name: Specialist Certifications: Technicians? Yes	state: see patients at	License/degree(s): License/degree(s): License/degree(s):	:	mail Address:		EMG Yrs./Exp.: EMG Yrs./Exp.: EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Name: Specialist Certifications: Technicians? Yes Name:	state: see patients at	License/degree(s): License/degree(s): License/degree(s):	:	mail Address:		EMG Yrs./Exp.: EMG Yrs./Exp.: EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Technicians? Yes Name: Specialist Certifications:	state: see patients at	License/degree(s): License/degree(s): License/degree(s):	:	mail Address:		EMG Yrs./Exp.: EMG Yrs./Exp.: EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Name: Specialist Certifications: Technicians? Yes Name: Specialist Certifications: Name:	state: see patients at	License/degree(s): License/degree(s): License/degree(s):	:	mail Address:		EMG Yrs./Exp.: EMG Yrs./Exp.: EMG Yrs./Exp.:						
Name of Lab: Website Address: Mailing Address Street/PO Box City: Electromyographers who Name: Specialist Certifications: Name: Specialist Certifications: Technicians? Yes Name: Specialist Certifications: Name: Specialist Certifications: Technicians? Yes Name: Specialist Certifications: Name: Specialist Certifications:	state: see patients at	License/degree(s): License/degree(s): License/degree(s): License/degree(s):	:	mail Address:		EMG Yrs./Exp.: EMG Yrs./Exp.: EMG Yrs./Exp.: Tech Yrs./Exp.:						

Studies/Month: Total Nu	mber										
Entrapment/Neuropathies:		Polyneur	pathies:	Radi	iculopathies:	Other:					
Satellite Facility #2 Information											
Name of Lab: Phone Number:											
Website Address:	Vebsite Address: Email Address:										
Mailing Address Street/PO Box	(:										
City:	State:				Country:		Zip:				
Electromyographers who see patients at this clinic											
Name:	e(s):			EMG Yrs./Exp.:							
Specialist Certifications:							<u> </u>				
Name:			License/degree	e(s):			EMG Yrs./Exp.:				
Specialist Certifications:							<u> </u>				
Name:			License/degree	e(s):			EMG Yrs./Exp.:				
Specialist Certifications:							<u> </u>				
Technicians? Yes		No									
Name:			License/degree	e(s):			Tech Yrs./Exp.:				
Specialist Certifications:											
Name:			License/degree	e(s):			Tech Yrs./Exp.:				
Specialist Certifications:											
Name:			License/degree	e(s):			Tech Yrs./Exp.:				
Specialist Certifications:											
Studies/Month: Total Nu	mber										
Entrapment/Neuropathies:		Polyneur	pathies:	Rad	iculopathies:	01	ther:				
Satellite Facility #3 Information											
Name of Lab:					Phone Number:						
Website Address: Email Address:											
Mailing Address Street/PO Box	:										
City:	State:				Country:		Zip:				
Electromyographers who see patients at this clinic											
Name: License/degree(s): EMG							EMG Yrs./Exp.:				
Specialist Certifications:							<u> </u>				
Name:			License/degree	e(s):			EMG Yrs./Exp.:				
Specialist Certifications:							•				
Name:			License/degree	e(s):			EMG Yrs./Exp.:				
Specialist Certifications:											
Technicians? Yes		No									
Name:			License/degree	e(s):			Tech Yrs./Exp.:				
Specialist Certifications:											
Name:			License/degree	e(s):			Tech Yrs./Exp.:				
Specialist Certifications:											
Name:			License/degree	e(s):			Tech Yrs./Exp.:				
Specialist Certifications:											
Studies/Month: Total Nu	mber										
Entrapment/Neuropathies:		Polyneur	pathies:	Radi	iculopathies:	Ot	ther:				
More than 3 Satellite Faci	lities?	Yes	No								