

**Academy of Clinical Electrophysiology and Wound Management  
APTA**

Electrodiagnostic Laboratory Accreditation Application Form

Laboratory Information			
Name of Lab:		Phone Number:	
Website Address:		Email Address:	
Mailing Address Street/PO Box:			
City:	State:	Country:	Zip:
Main Clinic Information			
Name of Main Clinic where studies are performed (if not the same as above):			Phone Number:
Website Address:		Email Address:	
Mailing Address Street/PO Box:			
City:	State:	Country:	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:	Polyneuropathies:	Radiculopathies:	Other:
Satellite Facility #1 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 Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	EMG Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	EMG Yrs./Exp.:
Specialist Certifications:			
Technicians? Yes                                  No			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			

<b>Studies/Month: Total Number</b>			
Entrapment/Neuropathies:	Polyneuropathies:	Radiculopathies:	Other:
<b>Satellite Facility #2 Information</b>			
Name of Lab:		Phone Number:	
Website Address:		Email Address:	
Mailing Address Street/PO Box:			
City:	State:	Country:	Zip:
<b>Electromyographers who see patients at this clinic</b>			
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:			
<b>Technicians? Yes No</b>			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
<b>Studies/Month: Total Number</b>			
Entrapment/Neuropathies:	Polyneuropathies:	Radiculopathies:	Other:
<b>Satellite Facility #3 Information</b>			
Name of Lab:		Phone Number:	
Website Address:		Email Address:	
Mailing Address Street/PO Box:			
City:	State:	Country:	Zip:
<b>Electromyographers who see patients at this clinic</b>			
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:			
<b>Technicians? Yes No</b>			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
Name:		License/degree(s):	Tech Yrs./Exp.:
Specialist Certifications:			
<b>Studies/Month: Total Number</b>			
Entrapment/Neuropathies:	Polyneuropathies:	Radiculopathies:	Other:
<b>More than 3 Satellite Facilities? Yes No</b>			

Please use additional pages if you have more than three satellite clinics.