

Application form for certificate course on Clinical Neurophysiology (level-2). Session 2022

Name of the applicant: _____

DOB: ____/ ____/ _____ Sex: _____

Postal address: _____, _____
_____, _____

Email address: _____

Mobile number: _____

Are you attached with any institution? If yes, name of the institute; address, phone number:

Your Hobby(s):

Your Level I certificate achieved in the year _____

Why are you interested in this course? Please put mark (may be more than one)

1. To be a CI Neurophysiologist in my professional career.
2. As part of my main neurology course
3. To be able to understand the normal function and identify dysfunction/ understand the formal report, that would help in my regular clinical practice
4. Other:

Your benefit from this course:

1. You will be able to review and report with clinical correlation and final comment on the EEG record of children and adult
2. You will get training on Neonatal EEG and other advanced CI NP test depending on other factor
3. You will get training on NCS & EMG depending on other factors.

Sign of the applicant _____

Date: ____ / ____ / ____