



R. NCS.T. EXAMINATION ATTESTATION STATEMENT

Candidate Name: _____

Address: _____

E-mail Address _____

● **SUPERVISING PHYSICIAN**

- I attest that the above named candidate: (check all that apply)

- has undergone on-the-job training in NCS under my direction.
- is not performing invasive (needle) examination and that as the supervising physician, I am responsible for interpreting the data obtained in NCS and needle EMG testing.
- has satisfactorily completed the 300 patient encounters documented on the 'submitted cases sheet' within the past 36 months.
- is competent in NCS testing and ready to sit for the R. NCS. T board examination.

Signature: _____ Name: _____

Email: _____ Date: _____

(for use by AAET to confirm or clarify candidate information.)