



NEURODIAGNOSTIC TECHNOLOGY PROGRAM SHADOW VERIFICATION FORM

Instructions: This form is to be completed on the day of the shadow by the Technologist at the clinical site. Please return via fax to (317) 338-2171 or email to Lorrie.edwards@ascension.org.

Name of Applicant who Shadowed: _____

Date of Shadow: _____ Technologist Completing Form: _____

SHADOW ORIENTATION CHECKLIST FOR TECHNOLOGIST

Discuss:

- Various END disciplines (EEG, EP, LTM, Ambulatory)
- Settings where EEGs are performed (OP, EMU, ICU, NICU, Portable, Routine)

Demonstrate:

- An EEG
- Electrode measurement and application
- Montages
- Impedance Check
- Patient Safety
- Infection Control protocol directly relating to procedure
- Explain reasons for testing: seizure, CVA, migraine, neurological deficits
- Explain how EEG differs from Imaging studies like CT or MRI

FEEDBACK FROM TECHNOLOGIST

The potential student:	Yes	No
Appeared and conducted themselves professionally (dress, arrival time, etc.)		
Displayed an appropriate level of interest		
Asked questions and listened intently to information provided		
Dedicated appropriate amount of time to their shadowing experience (4hrs)		

Comments:

Tech Signature _____ Date: _____