



AFFIDAVIT OF TRAINING AND SUPERVISION FOR ELECTRONEUROMYOGRAPHY

This page is to be completed by the supervisor.

1. Applicant's Name: _____
Last First Middle Initial

2. Applicant's License Number: _____ License Expiration Date: _____

3. Supervisor's Name _____
Last First Middle Initial

4. Supervisor's License Number: _____ License Expiration Date: _____

5. Supervisor's License Type: Physician & Surgeon Physical Therapist & Certified Electroneuromyographer

Please check below each item you are certifying. Item A is required of all applicants, indicate completion of either item B or C

A. I have provided the above-named applicant with ten (10) clock hours of training in tissue penetration for the purpose of evaluation of muscular or neuromuscular performance. In accordance with Section 1399.63(b), California Code of Regulations this training included instructions and demonstrations in: 1. Pertinent anatomy & physiology, 2. Choice of equipment, 3. Proper technique, 4. Hazards & complications, 5. Post test care.

I will provide to the Physical Therapy Board of California, a course outline and documentation of the training that this candidate received. In my professional opinion the above-named applicant demonstrated satisfactory performance in the technical skills of tissue penetration for the purpose of evaluation of muscular or neuromuscular performance.

B. I have provided the above named applicant with the indicated progressive training in accordance with Section 1399.64(c)(1), California Code of Regulations. Please indicate the number of hours.

_____ Clock hours of instruction in Electroneuromyography

_____ Clock hours of instruction in kinesiological electromyography

(Minimum of 400 clock hours of instruction in electroneuromyography required per section 1399.64(c)(1)(A.) or (300 clock hours in electroneuromyography and 200 hours in kinesiological electromyography per section 1399.64(c)(1)(B).) I will provide the Physical Therapy Board of California a course outline and documentation of the training that this candidate received. In my professional opinion the above named applicant has satisfactorily completed the instruction.

C. I have supervised the above named applicant in the performance of: (indicate number of examinations.)

_____ Electroneuromyographic examinations _____ Kinesiological electromyographic examinations

(200 electroneuromyographic examinations (required per section 1399.64(c)(2)(A) or (150 electroneuromyographic and 50 kinesiological electromyographic examinations required per section 1399.64(c)(2)(B)

I will provide to the Physical Therapy Board of California, patient records which include the documentation of the above examinations for review. In my professional opinion the above named applicant has satisfactorily completed the examinations.

Misrepresentation of the documentation requested above could result in disciplinary action against the license of the individual signing this form. I understand that the information provided on this form is submitted to the Physical Therapy Board of California for the purposes of certifying the above-names individual to perform Electroneuromyography and I hereby certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Supervisor's Signature _____ Date _____