



NDT Clinical Site Database Questionnaire

Return completed form to linda@aset.org

Name of hospital or clinic: _____
 Address of hospital or clinic: _____
 Primary contact person: _____
 Phone: _____ Email: _____

Please check yes for all that apply, leave blank if the answer is no:

Question	
Do you have an ABRET credentialed technologist in your department that is willing to work with students? What is the name of the person most likely to serve as a preceptor (optional): _____	
Would your medical director and/or hospital administrator support becoming a clinical site?	
Are you able to provide fair and reasonable feedback to students regarding clinical skills, complete necessary forms, and adhere to deadlines for submission to the Program Director?	
Would your technologist(s) and/or neurologist(s) be willing to review/discuss records with students?	
Does your lab follow ACNS Guidelines for performing Neurodiagnostic procedures? (Visit www.acns.org for more details)	
Are you able to provide student with direct patient contact and hands-on instruction, to measure according to the Int'l 10-20 System, apply electrodes, and assist with recordings?	
Does your lab use paste and/or collodion for electrode applications rather than an electrode cap?	
Please indicate which of the following studies you perform on a regular basis (by checking a box you are indicating the answer is yes):	
EEG	
EP	
PSG	
NCS	
IONM	
LTM	

Additional comments:

Signature: _____ Date: _____

Return the completed form to:
 Linda Kelly, MS, R. EEG/EP T., R. NCS.T., CNCT, FASET, CSSGB
 ASET Director of Education
linda@aset.org
 Phone 816.944.3236 Fax 877.207.2235

Thank you for considering becoming a clinical site. The school will contact you directly to discuss next steps.