



November 6, 2023

Dear Colleagues,

It is time to begin the NAEC 2024 accreditation process. This year, your center is required to complete the full accreditation process, which includes paying dues, completing the Center Annual Report, and uploading required documents. NAEC is making several changes to the accreditation criteria and process, and I encourage you to closely review the materials included in this instructions packet.

Timeline for 2024 NAEC Accreditation Process

- **November 6, 2023:** NAEC 2024 accreditation process begins; Instructions are distributed.
- **January 31, 2024:** Deadline to pay dues, complete the Center Annual Report, and upload required documents to Box.com.
- **February 1-15, 2024:** Review and Revise Period: NAEC staff will review your center's submission for completion and let you know if anything is missing.
- **March 1, 2024:** Final deadline for any revisions/additions. We cannot accept dues or materials after this date.

Changes to 2024 Accreditation Criteria and Process

Adult/Pediatric Center Split: As of 2024, centers will no longer be able to designate themselves as "adult/pediatric" centers. Adult/Pediatric centers completing the full accreditation process in 2024 must decide whether to be accredited as an adult or a pediatric center or split into two separate adult and pediatric centers. Adult/pediatric centers that will complete the full accreditation process in 2025 will make the change at that time.

New Core Criterion: Starting in 2024, pediatric centers will be required to submit a VEEG EMU report for a patient under age 2. This will be a core criterion, meaning that pediatric centers that cannot meet this criterion will lose their accreditation (they cannot receive conditional accreditation). Pediatric centers that cannot provide this could be accredited as adult centers if they can meet all other criteria for adult centers.

Epileptologist Requirement for Level 3 Centers: Level 3 centers will no longer be required to have two board-certified epileptologists on staff; level 3 centers can be accredited with only 1 board-certified epileptologist.

Intracranial Monitoring: Level 4 centers and level 3 centers that perform surgery will be required to perform at least one intracranial VEEG in 2023 and perform at least six intracranial cases within the last 3 years (instead of the prior requirement of 3 intracranial cases in the last 3 years). Centers completing the full process in 2024 must report – and provide deidentified patient reports for – at least one 2023 intracranial case and six intracranial cases from 2021 to 2023.

Neuromodulatory Devices: The current requirement for centers to "implant and manage VNS and other neuromodulatory devices" was separated into distinct criteria to be clearer. Now there will be separate requirements for implantation of VNS, management of VNS, implantation of RNS or DBS, and management of RNS or DBS. These criteria are questions included in the Center Annual Report. One VNS surgical report from the past year must be uploaded.

Surgeon Requirement for Level 3 Centers: If the only surgical procedure that a level 3 center provides is implantation of VNS devices, it is acceptable for the center to list an Otolaryngologist (ENT) rather than a neurosurgeon in its Center Annual Report and to upload the ENT's CV.

Ongoing Training: The center's EMU policy should include an explanation of how nurses, EEG Techs and monitor watchers receive training in seizure recognition and patient safety. Centers will be required to list an additional nurse who has completed the AANN/NAEC training module each year, until they reach 51% of their nurses. In a center's full accreditation year, the center will have to submit proof of training for the nurse they list this year and last year, if appropriate.

Resources to Complete Accreditation Process

This document includes a number of resources on the following pages to assist you in completing the 2024 accreditation process. Please contact NAEC with any questions at info@naec-epilepsy.org or (202) 800-7074.

Thank you for your participation in NAEC and commitment to providing high quality epilepsy care for your patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Lado", with a long horizontal flourish extending to the right.

Fred Lado, MD, PhD
President

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Steps to Complete the 2023 NAEC Accreditation Process – Deadline January 31, 2024

Note: If your center received one-year conditional accreditation in 2023, all deficiencies identified in 2023 must be corrected to remain accredited.

1. Pay the 2024 Membership Dues

Your center's invoice for 2024 was sent to you in October. NAEC is pleased to offer centers multiple payment options:

- **Pay electronically via credit card:** Centers may pay their NAEC dues via credit card. There is a 3.75% service fee, which we ask members to pay. If you would like to pay by credit card, please email invoice@naec-epilepsy.org so that we can prepare a new invoice with the \$75 service fee added.
- **Mail a check to NAEC:** This remains an option for all centers. **Mailing address for dues checks:**

National Association of Epilepsy Centers
P. O. Box 554
Glen Echo, MD 20812

2. Complete the Center Annual Report

- Go to <http://www.naec-epilepsy.org/for-members/annual--report-form/>. If you need assistance logging in, please contact NAEC at info@naec-epilepsy.org or (202) 800-7074.
- Enter your center's responses. If your center completed the 2023 Center Annual Report, many responses will be pre-populated. Please verify that these answers are correct or edit them as needed.
- **IMPORTANT NOTE: The Center Annual Report may be completed in more than one session, but you must click submit on the last page of the report to save any data you enter. You will be able to re-open the form to enter any data that is missing.**
- To indicate to NAEC that your Center Annual Report is complete and ready for review, select "Complete, ready for NAEC review" above the SAVE button on the last page.
- You can print the entire report or use the Center Annual Report worksheet (Attachment 5) to prepare.

3. Upload Required Documents

Your center is required to upload documents to complete the NAEC accreditation process. The list of required documents to upload is included in Attachment 3. If your center uploaded documents last year, all CVs and protocols have been saved in your Box.com folder. New patient reports from 2023 must be uploaded to Box.com to complete the accreditation process.

How to set up a Box.com account (applicant centers only):

- NAEC will provide the link to set up your Box account and access your center's folder. If you are yet to receive this email, contact NAEC at info@naec-epilepsy.org.
- Click on the link. You will be directed to set up an account with your email as your username and you can create your own password.
- Box will then send you an email to confirm that your email address is correct. The email is sent right after you set up your account. Please check your spam filter if you don't receive it.
- Click on the link in the confirmation email you get from Box, and you will be all set!

How to upload a required document to Box.com once you have set up your account:

- Go to [Secure Document Upload](#) on NAEC's website to access Box.com
- Enter in your email and password. If you do not remember your password, click the "reset password" button on <https://naec.account.box.com/login> to reset your password.
- Once you log in, you will see a folder with your center's name. Please click on this folder. You will then see several subfolders: CVs, Protocols, Patient Reports, EMU Caring, and Referral (level 3 centers only).
- Click on the relevant subfolder to upload a file (i.e., click in CVs to save the CV_MedicalDirector file). You can upload a file by drag and dropping them or by clicking the blue upload button.

Important Reminders for Required Documents:

- All CVs must match the center staff listed in the Center Annual Report.
- Attachment 3 provides the file name for each required document. Please ensure that your required document is saved using the correct file name.
- All patient reports must be de-identified per the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. Attachment 4 includes a description of how to de- identify patient reports.

**If you have any questions, please email info@naec-epilepsy.org
or call (202) 800-7074**



2024 NAEC Accreditation Criteria for Level 3 Centers		
Epilepsy Center Criteria	Verification Method/Notes - Center Does NOT Perform Surgery	Verification Method/Notes – Center Does Perform Surgery
EPILEPSY MONITORING UNIT – Core Criterion		
All NAEC Centers are required to have an EMU that includes:		
1) Designated hospital beds where video and EEG data is captured and sent to a central location	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy	
2) Remote-control video cameras with 24/7 recording available (not a fixed camera)	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy	
3) Trained personnel dedicated 24/7 to monitoring video and EEG – someone trained in seizure recognition and recording integrity, not necessarily a traditional EEG technologist	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy	
4) EMU safety-trained inpatient nurses	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy	
5) Epilepsy-specific staff training and protocols for seizure safety	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy	
6) Clinical decision-making by an epileptologist	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy	
EPILEPSY CENTER SERVICES		
1) Electrodiagnostic Services		
a) 24-hour video-EEG with scalp electrodes	Adequate volume of 50+ EMU admissions reported on Annual Report Upload 2 EMU reports from patients admitted in a single month in 2023. Pediatric and Adult/Pediatric centers must upload a report for a patient younger than 2 years old.	
b) 24-hour video-EEG recording with intracranial electrodes (subdural, epidural, or depth electrodes)	Not required	Adequate volume of at least 6 cases from 2021 to 2023. Upload 6 reports from 2021 through 2023, including at least one report from 2023.
c) Access to Wada testing or functional neuroimaging	Not required	
d) Functional cortical mapping by stimulation of intracranial electrodes	Not required	
2) Imaging Services		
a) Magnetic resonance imaging (at least 1.5T)	Upload 1 report from 2023 reflecting expertise in epilepsy signed/approved by the neuroradiologist listed in Center Annual Report	
b) Computerized axial tomography	Center Annual Report Response “Yes”	
c) Cerebral Angiography	Not required	

2024 NAEC Accreditation Criteria for Level 3 Centers

Epilepsy Center Criteria	Verification Method/Notes - Center Does NOT Perform Surgery	Verification Method/Notes – Center Does Perform Surgery
c) Access to interictal PET or ictal/interictal SPECT by established arrangement or on site	Not required	
3) Pharmacological Services: Quality-assured anticonvulsant serum drug levels	Center Annual Report Response “Yes”	
4) Neuropsychological/psychosocial services: Comprehensive neuropsychological test batteries	Upload 1 report from 2023	
5) Surgical Services		
a) Any resective or ablative epilepsy surgery with goal of controlling seizures	Not required	Upload 1 operative report from 2023 signed by the neurosurgeon listed in Center Annual Report
b) Placement of intracranial electrodes	Not required	Center Annual Report Response "Yes" if center performs service
c) Implantation of the vagus nerve stimulator	Not required	Upload 1 report from 2023 if center performs service
d) Management of the vagus nerve stimulator	Center Annual Report Response “Yes”	
e) Access to implantation of intracranial neuromodulatory devices (DBS, RNS)	Center Annual Report Response “Yes” (adult centers only)	
f) Access to management of intracranial neuromodulatory devices (DBS, RNS)	Center Annual Report Response “Yes” (adult centers only)	
6) Rehabilitation Services (inpatient and outpatient): Sufficient physical, occupational, and speech therapy	Center Annual Report Response “Yes”	
PERSONNEL (Full or part-time individual accessible to center patients)		
1) Physicians – Core Criterion		
a) Medical Director with ABPN epilepsy board certification and/or the ABPN or ABCN clinical neurophysiology or ABCN epilepsy monitoring board certifications. <i>Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience</i>	Upload CV	
b) Second epileptologist who is board-certified or board-eligible for ABPN epilepsy board certification and/or the ABPN or ABCN clinical neurophysiology or ABCN epilepsy monitoring board certifications. <i>Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience</i>	Not Required for Level 3 Centers	
c) Pediatric and adult/pediatric centers must have a board-certified pediatric epileptologist, who has ABPN Child Neurology in addition to the other certifications mentioned above. <i>Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience</i>	Upload CV	
d) At least one neurosurgeon who is ABNS board-certified or board-eligible and tracking toward certification	Not required	Upload CV

2024 NAEC Accreditation Criteria for Level 3 Centers

PERSONNEL (Full or part-time individual accessible to center patients) (Continued)

2) Neuropsychologist	Upload CV
3) Psychosocial: Social Worker	Required
4) Nursing, Nurse Practitioner/Physician Assistant	
a) Outpatient clinic nurse/nurse practitioner/physician assistant with expertise in epilepsy	Name and info listed in Center Annual Report
b) Inpatient EMU nurse/nurse practitioner/physician assistant with expertise in epilepsy	Name and info listed in Center Annual Report
5) EEG Technologist(s): At least one technologist board-certified by ABRET	Name and info listed in Center Annual Report
6) Trained personnel dedicated 24/7 to monitoring video and EEG	Name and info listed in Center Annual Report Upload certificate (if completed ASET'S LTM 100 course)
7) Neuroradiologist	Name and info listed in Center Annual Report

SAFETY AND TREATMENT PROTOCOLS

1) Examination of speech, memory, level of consciousness, and motor function during and following a seizure	Upload
2) Measures to be taken if number, duration, or severity of seizures is excessive, including number or duration of seizures requiring physician notification*	Upload
3) Medication reduction to increase seizure yield	Upload
4) Care of head dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes	Not required Upload if center performs service
5) Management of status epilepticus and seizures in hospitalized patients*	Upload
6) Admission order set for EMU patients	Upload
7) Layout and furnishings should allow easy access to and continuous observation of patients and minimize risk of injury due to falls and other safety concerns	Center Annual Report Response "Yes"
8) EMU Caring - one physician and one nurse or tech must complete	Enter name and emails in Center Annual Report. Upload certificates (if received).
9) NAEC/AANN Training Program – one nurse must complete until 51% of core nurses have completed the course	Enter name and email in Center Annual Report. Upload certificate.
10) Written referral arrangement with Level 4 Center**	Upload: Options include written MOU between the two centers or letters/emails with evidence of an established referral pattern

*Adult/Pediatric centers must provide a pediatric-specific protocol in addition to an adult-specific protocol.

**Adult/pediatric centers must provide proof of referrals for both adult and pediatric patients.

CONTINUAL COMPLIANCE

Centers are required to maintain continual compliance with accreditation criteria throughout their accreditation period.	Attestation in Center Annual Report and interim notification of NAEC of substantial changes, if necessary
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2024 NAEC Accreditation Criteria for Level 4 Centers

Epilepsy Center Criteria	Verification Method/Notes
EPILEPSY MONITORING UNIT- Core Criterion	
All NAEC Centers are required to have an EMU that includes:	
1) Designated hospital beds where video and EEG data is captured and sent to a central location	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy
2) Remote-control video cameras with 24/7 recording available (not a fixed camera)	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy
3) Trained personnel dedicated 24/7 to monitoring video and EEG – someone trained in seizure recognition and recording integrity, not necessarily a traditional EEG technologist	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy
4) EMU safety-trained inpatient nurses	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy
5) Epilepsy-specific staff training and protocols for seizure safety	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy
6) Clinical decision-making by an epileptologist	Center Annual Report Response “Yes” with appropriate details in uploaded EMU policy
EPILEPSY CENTER SERVICES	
1) Electrodiagnostic Services	
a) 24-hour video-EEG with scalp electrodes	Adequate volume of 100+ EMU admissions reported on Center Annual Report. Upload 5 EMU reports from patients admitted in a single month in 2023. Pediatric and Adult/Pediatric centers must upload a report for a patient younger than 2 years old.
b) 24-hour video-EEG recording with intracranial electrodes (subdural, epidural or depth electrodes)	Adequate volume of at least 6 cases from 2021 to 2023. Upload 6 reports from 2021 through 2023, including at least one report from 2023.
c) Access to Wada testing or functional neuroimaging	Center Annual Report Response “Yes”
d) Functional cortical mapping by stimulation of intracranial electrodes	Center Annual Report Response “Yes”
2) Imaging Services	
a) Magnetic resonance imaging (at least 1.5T)	Upload 1 report from 2023 reflecting expertise in epilepsy signed/approved by the neuroradiologist listed on Center Annual Report
b) Computerized axial tomography	Center Annual Report Response “Yes”
c) Cerebral angiography	Center Annual Report Response “Yes”
d) Access to interictal PET or ictal/interictal SPECT by established arrangement or on site	Upload 1 report from 2023
3) Pharmacological Services: Quality-assured anticonvulsant serum drug levels	Center Annual Report Response “Yes”
4) Neuropsychological/psychosocial services: Comprehensive neuropsychological test batteries	Upload 1 report from 2023



2024 NAEC Accreditation Criteria for Level 4 Centers

Epilepsy Center Criteria	Verification Method/Notes
5) Surgical Services	
a) Any resective or ablative epilepsy surgery with goal of controlling seizures	Upload 1 operative report from 2023 signed by the neurosurgeon listed in Center Annual Report
b) Placement of intracranial electrodes	Center Annual Report Response "Yes"
c) Implantation of the vagus nerve stimulator	Upload 1 operative report from 2023
d) Management of the vagus nerve stimulator	Center Annual Report Response "Yes"
e) Access to implantation of intracranial neuromodulatory devices (DBS, RNS)	Center Annual Report Response "Yes" (adult centers only)
f) Access to management of intracranial neuromodulatory devices (DBS, RNS)	Center Annual Report Response "Yes" (adult centers only)
6) Rehabilitation Services (inpatient and outpatient): Sufficient physical, occupational, and speech therapy	Center Annual Report Response "Yes"
PERSONNEL (Full or part-time individual accessible to center patients)	
1) Physicians - Core Criterion	
a) Medical Director with ABPN epilepsy board certification and/or the ABPN or ABCN clinical neurophysiology or ABCN epilepsy monitoring board certifications. <i>Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience</i>	Upload CV
b) Second epileptologist who is board-certified or board-eligible for ABPN epilepsy board certification and/or the ABPN or ABCN clinical neurophysiology or ABCN epilepsy monitoring board certifications. <i>Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience</i>	Upload CV
c) Pediatric and adult/pediatric centers must have a board-certified pediatric epileptologist, who has ABPN Child Neurology in addition to the other certifications mentioned above. <i>Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience</i>	Upload CV
d) At least one neurosurgeon who is ABNS board-certified or board-eligible tracking toward certification	Upload CV
2) Neuropsychologist	Upload CV
3) Psychosocial: Social worker	Required
4) Nursing/Nurse Practitioner/Physician Assistants	
a) Outpatient clinic nurse/nurse practitioner/physician assistant with expertise in epilepsy	Name and info listed in Center Annual Report
b) Inpatient EMU nurse/nurse practitioner/physician assistant with expertise in epilepsy	Name and info listed in Center Annual Report
5) EEG Technologist(s): At least one technologist board-certified by ABRET	Name and info listed in Center Annual Report
6) Trained personnel dedicated 24/7 to monitoring video and EEG	Name and info listed in Center Annual Report Upload certificate (if completed ASET'S LTM 100 course)



2024 NAEC Accreditation Criteria for Level 4 Centers

Epilepsy Center Criteria	Verification Method/Notes
7) Neuroradiologist	Name and info listed in Center Annual Report
SAFETY AND TREATMENT PROTOCOLS	
1) Examination of speech, memory, level of consciousness, and motor function during and following a seizure	Upload
2) Measures to be taken if number, duration, or severity of seizures is excessive, including number or duration of seizures requiring physician notification*	Upload
3) Medication reduction to increase seizure yield	Upload
4) Care of head dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes	Upload
5) Management of status epilepticus and seizures in hospitalized patients*	Upload
6) Admission order set for EMU patients	Upload
7) Layout and furnishings should allow easy access to and continuous observation of patients and minimize risk of injury due to falls and other safety concerns	Center Annual Report Response "Yes"
8) EMU Caring - one physician and one nurse or tech must complete	Enter name and emails in Center Annual Report. Upload certificates (if received)
9) NAEC/AANN Training Program – one nurse must complete until 51% of core nurses have completed the course	Enter name and email in Center Annual Report. Upload certificate.
10) Training for personnel dedicated 24/7 to monitoring video and EEG	Enter name and email in Center Annual Report. Upload ASET LTM certificate or center training materials.
*Adult/Pediatric centers must provide a pediatric-specific protocol in addition to an adult-specific protocol.	
CONTINUAL COMPLIANCE	
Centers are required to maintain continual compliance with accreditation criteria throughout their accreditation period.	Attestation in Center Annual Report and interim notification of NAEC of substantial changes, if necessary



2024 Required Documents to Upload Checklist

Centers seeking accreditation must upload several types of documents to comply with accreditation criteria. The checklist below is broken out by document type and includes helpful reminders to avoid common pitfalls centers encounter when submitting these documents. If you have any questions regarding uploading required documents, please contact NAEC at (202) 800-7074 or info@naec-epilepsy.org.

CVs

- Upload all required CVs to the CVs subfolder.
- If you uploaded CVs in a prior year, these are still in your center’s CVs folder. Check to ensure that the **uploaded CVs match the names of the individuals listed in your center’s 2024 Center Annual Report.**
- Each file must be **uploaded as a separate document with a descriptive name** (e.g. CV_MedicalDirector).
- **Level 3 centers:** You are only required to upload a neurosurgeon’s CV if you perform surgery.
- NAEC has a policy related to requirements for level 3 centers in isolated geographic areas. More information may be found [here](#).

CV Type	Uploaded?	CV Matches Name in Center Annual Report?
Medical Director		
Second Epileptologist		
Pediatric Epileptologist (if necessary)		
Neurosurgeon		
Neuropsychologist		

EMU Caring Certificate

- Upload EMU Caring certificates to the EMU Caringsubfolder.
- If you uploaded certificates in a prior year, these will still be in the EMU Caring folder. Check to ensure that the **uploaded certificates match the names of the individuals listed in your center’s 2024 Center Annual Report.**
- More information on EMU Caring is available on the NAEC [website](#).
- If your personnel did not receive a certificate upon completion of the training program, enter their names in the Center Annual Report. NAEC will verify completion with AES, who runs the program.

EMU Caring Certificate	Uploaded?	Names match the Center Annual Report?
Epileptologist		
Nurse or Tech		

Referral Arrangement (Level 3 Centers Only)

- Upload document verifying referral relationship with a level 4 center to the Referral subfolder.
- If you uploaded a document in past years, it will appear in your Referral folder.
- An acceptable referral document may be a written memorandum of understanding between the two centers or letters/emails with evidence of an established referral pattern.
- If you are an adult/ped or ped center, please name the level 4 center with whom you have a referral agreement for surgeries or other services not provided by your center for pediatric patients and referral agreement for surgeries or other services not provided by your center for adult patients:

Document	Uploaded?
Referral Arrangement	

Patient Reports

- **All patient reports must be from 2023 (except for Intracranial vEEG. See instructions below).**
- Upload all required reports to the Patient Reports subfolder.
- Each report must be **uploaded separately with a descriptive name** to aid reviewers (e.g. EMU Report1 or MRI Report).
- **De-identify** all information provided to NAEC in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For additional information on the requirements for HIPAA compliance see Attachment 4. **Remove all dates (except the year) from your reports**, including dates of services, dates of past services, and the dates the physician signs the report. Also remove all order numbers that can be tied to a specific patient.
- Centers may submit different types of reports for the same surgical patient or for multiple surgical patients to meet the requirements.

Report Type	Number of Reports	Notes	Uploaded?
EMU vEEG	Level 3: 2 Level 4: 5	<ul style="list-style-type: none"> • Upload the vEEG summary report or all vEEG reports generated during each patient's EMU hospitalization. • All patient reports must be from patients admitted in the same month in 2023. When uploading the reports, you are attesting that these reports came from the same month. Do not leave any information in the report that would identify the month. • <i>Pediatric and Adult/Pediatric centers: at least 1 report must be a pediatric EMU vEEG report on a patient under the age of 2.</i> • If your center is ABRET-LTM accredited, you do not need to upload vEEG reports. 	
Intracranial vEEG	6	<ul style="list-style-type: none"> • Level 4 centers must submit at least 1 intracranial video EEG case from 2023 and 5 others from 2021-2023. • If your center is ABRET-LTM accredited with invasive monitoring, you do not need to upload these reports. Level 3 centers: If your center does not provide this service, these reports are not required. 	
MRI	1	<ul style="list-style-type: none"> • Report must reflect expertise in epilepsy signed/approved by the neuroradiologist listed in the Center Annual Report. 	
PET or SPECT	1	<ul style="list-style-type: none"> • Either a PET or SPECT report reflecting expertise in epilepsy. • Level 3 centers do not need to upload this report. 	
Neuropsych	1	<ul style="list-style-type: none"> • Neuropsychology report for evaluation of epilepsy. 	
Operative	1	<ul style="list-style-type: none"> • Report for any resective or ablative surgery that must be signed by the neurosurgeon listed in the Center Annual Report. • Level 3 centers: If your center does not perform surgery, this report is not required. 	
VNS	1	<ul style="list-style-type: none"> • Operative report for placement of VNS. • Level 3 centers: If your center does not provide this service, this report is not required. 	

Protocols

- Upload all required protocol documentation to the Protocols subfolder.
- If you uploaded protocols in a past year, they are still in your center's Protocols folder. **NAEC is providing greater guidance on the key elements to be included in center protocols. Centers should evaluate their protocols to see that they meet NAEC's criteria.**
- NAEC provides sample protocols which are on the [NAEC website](#) that can be tailored to your center.

Centers can use the sample protocols available on NAEC’s website to meet these requirements.

- All pediatric and adult/pediatric centers are required to upload pediatric specific protocols for protocols #2 and #5.
- An acceptable protocol document is any document that includes the protocol information, such as a center manual, screenshots from your electronic medical record or order sets. When uploading these files, use a descriptive name that clearly identifies the protocol. Please clearly annotate where each protocol may be found if the protocol type is not included in the pagetitle.

Protocol Type	Uploaded?
1. Examination of speech, memory, level of consciousness and motor function during and following a seizure.	
2. Measures to be taken if number, duration, or severity of seizures observed is excessive, including number or duration of seizures requiring physician notification. <i>Protocol should specifically mention medication(s) and dosage. *Pediatric and Adult/Pediatric centers: include a pediatric specific protocol with age/weight appropriate doses for both IV and non IV options.</i>	
3. Medication reduction to increase seizure yield. <i>Protocol should specifically mention patient/family counseling regarding risk of medication reduction, guidelines for restarting medication prior to EMU discharge, and measures taken to reduce risk (e.g. requiring IV access).</i>	
4. Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes. <i>Protocol should specifically mention frequency of dressing changes for invasive electrodes and use of prophylactic antibiotics.</i>	
5. Management of status epilepticus and seizures in hospitalized patients. <i>Protocol should specifically mention medication(s) and dosage and should include both IV and non IV option. *Pediatric and Adult/Pediatric centers: include a pediatric specific protocol with age/weight appropriate doses.</i>	

Admission Order Set

- Please upload an admission order set.
- A typical order set may include:
 - Safety measures: e.g. bed side rails, suction equipment, oxygen
 - Rescue medications for prolonged/frequent seizures: both IV and non-IV medication
 - Who to call if seizures increase in frequency or duration, and parameters for when to call
 - Fall precautions/activity restrictions

Document	Uploaded?
Order Set	

EMU Policy

- To meet the new EMU criteria, centers must **upload an EMU policy document that addresses compliance with all criteria:**
 1. Designated hospital beds where video and EEG data is captured and sent to a central location
 2. Remote-control video cameras with 24/7 recording available (not a fixed camera)
 3. Trained personnel dedicated 24/7 to monitoring video and EEG-someone trained in seizure recognition and recording integrity. (Not necessarily required to be traditional EEG technologist)
 4. EMU safety-trained inpatient nurses
 5. Epilepsy-specific staff training and protocols for seizure safety
 6. Clinical decision-making by an epileptologist
- Centers are asked to provide this information in a concise document (only a few pages). **If longer center manuals are uploaded, they MUST be highlighted and annotated with locations of specific information**

identified.

EMU Policy Required Elements	Uploaded?
Documentation of dedicated single location for EMU admissions staffed by epilepsy-trained nurses and nursing assistants.	
Documentation of remote-control video cameras with 24/7 recording available (not a fixed camera)	
Documentation of video continuously monitored and adequate staffing to ensure 24/7/365 coverage. (NAEC does not require a specific ratio of patients to monitor watchers)	
Monitor watchers should be either in a central location in hospital or can be off-site. In all cases, the watchers must have direct access to EMU EEG technologists, nurses and physician with data readily accessible to physician reviewer in real-time.	
Documentation of epilepsy-specific staff training and protocols for seizure safety. <i>Must discuss of how all staff – physicians, EEG technologists, nurses, monitor watchers, and any other relevant staff people – are trained on how to observe safety protocols. Training must be age-appropriate for the patient community served by the center. EEG Techs, EMU Nurses, and Monitor Watchers should receive training in seizure recognition and patient safety - Seizure semiology, seizure safety, center-specific protocol education and implementation. Centers should indicate frequency of continuing education on these topics.</i>	
Verification of completion of the ASET/NAEC Neurodiagnostic Assistant course for one monitor watcher or documentation of center training methodology for monitor watchers.	
Verification of completion of the NAEC/AANN 8-course training program for at least one EMU nurse.	
Verification that EMU reports, including invasive monitoring reports, are signed by an epileptologist to show that EMU clinical decision-making is done by an epileptologist.	

De-Identifying Reports to Meet HIPAA Standards

Do not send protected health information (PHI) to NAEC. All of the information you send us must be de-identified. Centers will be notified if any PHI is found in a report. Centers will be required to properly de-identify and resubmit all reports prior to the processing of your center’s accreditation application. **If your center does not de-identify appropriately, then your center will not be accredited in 2024.**

The US Department of Health and Human Services (HHS) has published a document entitled “Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule,” which is available on [its website](#).¹

According to HHS, the HIPAA Privacy Rule, at 45 C.F.R. §164.514, provides standards for de-identification of protected health information. Under these standards, health information is not individually identifiable if it does not identify an individual and if the covered entity has no reasonable basis to believe it can be used to identify an individual.

Sections 164.514(b) and(c) of the Privacy Rule contain the implementation specifications that a covered entity must follow to meet the de-identification standard. There are two methods by which health information can be de-identified. NAEC is asking centers to follow the “Safe Harbor” method of de-identifying protected health information. NAEC cannot provide legal advice. While we have described the “Safe Harbor” method in more detail below, please consult qualified legal counsel if you have questions.

Information Regarding Satisfying the Safe Harbor Method

In §164.514(b), the Safe Harbor method for de-identification is defined as follows:

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

(A) Names	
(B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000	
(C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older	
(D) Telephone numbers	(L) Vehicle identifiers and serial numbers, including license plate numbers
(E) Fax numbers	(M) Device identifiers and serial numbers
(F) Email addresses	(N) Web Universal Resource Locators (URLs)
(G) Social security numbers	(O) Internet Protocol (IP) addresses
(H) Medical record numbers	(P) Biometric identifiers, including finger and voice prints
(I) Health plan beneficiary numbers	(Q) Full-face photographs and any comparable images
(J) Account numbers	(R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section; and
(K) Certificate/license numbers	

(ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

¹ Available at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/De-identification/guidance.html>.



2024 Center Annual Report

NAEC member centers must file a Center Annual Report with the NAEC on an annual basis. This report is designed to collect calendar year 2023 data for accreditation that is awarded in 2024. The center must answer each question based on 2023 activity only. Accreditation levels will be listed on NAEC's Epilepsy Center Directory each year.

Centers seeking level 3 or level 4 accreditation will attest that their epilepsy center meets the criteria as stated in the 2024 Accreditation Criteria.

Dues must be paid in full and level 4 reports submitted to the NAEC by January 31, 2024 to be included in the submission to *US News and World Report* for their annual ranking of Best Hospitals.

Reminder: The 2024 Center Annual Report MUST be completed online at the link provided to you by NAEC. This version of the survey is solely for your reference as you complete the report.

Contact Information

Survey Completed by _____ Title _____ Date _____

Email Address _____ Phone _____

Epilepsy Center Information

Name of Epilepsy Center _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Epilepsy Center Web Address _____

Center Demographics

Please check one. (note: if you check Pediatric Epilepsy Center or Adult/Pediatric Epilepsy Center you must meet the requirements associated with providing care to pediatric patients. Only centers completing the interim accreditation process this year can check the Adult/Pediatric Epilepsy Center option)

_____ Adult Epilepsy Center

_____ Pediatric Epilepsy Center

_____ Adult/Pediatric Epilepsy Center

Hospital Information

Please list the hospital where your center is located (note: this is the hospital that will be sent to US News and World Report for level 4 Centers):

Hospital Name _____

Address _____

City _____ State _____ Zip _____

Hospital Administration Contact (Hospital administrator responsible for hospital accreditation, such as Chief Quality Office, Head of the Neurology Service Line, etc)

Title _____
Phone Number _____ Email Address _____

Center Leadership Information

Medical Director _____

Medical Director Degree(s) _____

Phone Number _____ Email Address _____

Co-Medical Director _____

Degree(s) _____

Phone Number _____ Email Address _____

Epilepsy Center Administrator _____

Title _____

Phone Number _____ Email Address _____

Epilepsy Monitoring Unit – Core Criterion

These criteria are required annually with no exception or flexibility; centers with deficiencies in core criteria will not be accredited. Please check the elements currently present at your center's EMU:

___ Designated hospital beds where video and EEG data is captured and sent to a central location

___ Remote-control video cameras with 24/7 recording available (not a fixed camera)

___ Trained personnel dedicated 24/7 to monitoring video and EEG-someone trained in seizure recognition and recording integrity. (Not necessarily required to be traditional EEG technologist)

___ EMU safety-trained inpatient nurses

___ Epilepsy-specific staff training and protocols for seizure safety

___ Clinical decision-making by an epileptologist

Is your EMU located in a dedicated single location staffed by epilepsy-trained nurses and nursing assistants?

Yes No

Is the camera in patient rooms movable by the observer to track the patient in the room?

Yes No

Are patients in your EMU on video continuously?

Yes No

Are patients monitored continuously 24/7/365?

Yes No

What is your coverage policy to ensure 24/7/365 monitoring? If you use remote monitoring, please describe your contract re: time to contact providers. (open box)

Do the staff people monitoring patients in your EMU have direct access to the EEG staff and physician?

Yes No

Is the data being collected by the vEEG readily accessible to the physician reviewer in real-time?

Yes No

Do you provide patient age-appropriate training for your epilepsy center staff (i.e., pediatric-specific training if you treat children)?

Yes No

Do all of your nurses receive epilepsy training?

Yes No

Are multiple people serving in the same role trained so that there is back-up coverage?

Yes No

Do you provide annual training updates or refreshers for your EMU staff?

Yes No

If you left any boxes un-checked or responded "no" to any questions please provide more information about your center's current set-up: (open box)

Electrodiagnostic Services

Does your center provide 24-hour video-EEG with scalp electrodes? Yes__ No____

Does your center provide 24-hour video-EEG recording with intracranial electrodes? Yes__ No____

Does your center provide or have access to Wada testing or functional neuroimaging? Yes__ No____

Does your center provide functional cortical mapping by stimulation of intracranial electrodes?
Yes ___ No ___

Does your center have outpatient EEG services? Yes ___ No ___

Imaging Services

Does your center provide magnetic resonance imaging (at least 1.5T)? Yes ___ No ___

Does your center provide computerized axial tomography (CAT)? Yes ___ No ___

Does your center have access to cerebral angiography? Yes ___ No ___

Does your center have access to interictal positron emission tomography by established arrangement or on site? Yes ___ No ___

Does your center have access to ictal/interictal SPECT by established arrangement or on site? Yes ___ No ___

Pharmacological Services

Does your center have access to a lab that can provide anti-seizure medication serum levels? Yes ___ No ___

If yes, is it provided inpatient _ Yes ___ No ___ and/or outpatient _ Yes ___ No ___?

Neuropsychological/Psychosocial Services

Does your center provide comprehensive neuropsychological test batteries? Yes ___ No ___

If yes, is it provided inpatient _ Yes ___ No ___ and/or outpatient _ Yes ___ No ___?

Rehabilitation Services (inpatient and outpatient)

Does your center have capabilities to provide physical, occupational, and speech therapy for patients at the center? Yes ___ No ___

If yes, is it provided inpatient Yes ___ No ___ and/or outpatient ___ Yes ___ No ___?

Outpatient Services

Does your center provide outpatient services for the management of patients with epilepsy?
Yes ___ No ___

If yes, is this care provided under the supervision of an epileptologist?

Yes No

Other Epilepsy Center Services

Note: This is an exploratory question that will not impact your accreditation.

Please check all services that your center provides:

- Epilepsy specific genetic testing and counseling
- Dietary management
- Investigational drug trials
- Investigational device trials
- Management of women with epilepsy during pregnancy
- Alternative or complementary medicine
- Management of epilepsy in special populations (the elderly, children, developmentally disabled individuals)
- Management of patients with psychogenic, non-epileptic seizures
- Telemedicine Services
- Critical care EEG
- Inpatient consultation for status epilepticus and other seizures
- Access to sleep lab and sleep consultation

Surgical Services

Level 4 centers are required to have the capacity to provide the surgical services listed below. Level 3 centers are required to have the capacity to manage patients with a vagus nerve stimulator. Level 3 centers are not required to provide surgery, though those that do must also answer the questions below and submit any relevant reports.

Does your center provide any resective or ablative surgeries with the goal of controlling seizures? Yes No

Does your center provide surgical placement of intracranial electrodes? Yes No

Does your center provide surgical placement of subdural electrodes? Yes No

Does your center provide surgical placement of depth electrodes? Yes No

Does your center provide surgical placement of minimally-invasive stereotactic depth electrodes? Yes No

Does your center provide implantation of the vagus nerve stimulator? Yes No

Does your center provide management of the vagus nerve stimulator? Yes No

Does your center provide or have access to implantation of intracranial neuromodulatory devices (DBS, RNS)? Yes __ No __

Does your center provide or have access to management of intracranial neuromodulatory devices (DBS, RNS)? Yes __ No __

Surgical Volume

The questions in this section are designed to be used for research purposes. Please note that there are no minimum case numbers required for accreditation as a level 3 or 4 center.

Please enter a number in each space below for the number of surgeries **for treatment of intractable epilepsy only in 2023 by age of the patient**. If your center did not provide any of a type of surgery, please leave blank.

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Total Temporal Lobe resections (includes either medial or lateral temporal lobe resections)				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Temporal lobe resections that required implanted intracranial electrodes (should be ≤total temporal lobectomies)				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Total Extra-temporal resections (any surgery that may involve temporal lobe but primarily resects frontal, parietal or occipital lobe tissue)				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Extra-temporal resections that required implanted intracranial electrodes (should be ≤ total extratemporal lobectomies)				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Intracranial electrodes placed without device implantation/resection/ablation planned or performed				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Open Corpus Callosotomy				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Laser Corpus Callosotomy				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
How many laser ablations were performed? (please do not include laser ablations in the other epilepsy surgery categories above)				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Radiofrequency surgery (gamma knife) for the treatment of epilepsy				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Vagus Nerve Stimulator (VNS) implantation				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Vagus Nerve Stimulator (VNS) replacement or battery change				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Responsive Neurostimulation (RNS) implantation				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Responsive Neurostimulation (RNS) replacement or battery change				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Deep brain stimulation (DBS) implantation				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Deep brain stimulation (DBS) replacement or battery change				

Surgery Type	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Hemispherotomies / ectomies				

Data Related to Inpatient Services

Total number of beds designated for vEEG monitoring in your EMU: _____

Number of beds in your EMU devoted to adults: _____

Number of beds in your EMU devoted to peds: _____

EMU Admissions	0-2 yrs old	3-10 yrs old	11-18 yrs old	19+ yrs old
Total EMU admissions in 2023 (<i>Note: All patients in the EMU for diagnosis or evaluation of epilepsy, seizures or spells, and/or evaluation for epilepsy surgery can be counted, whether it is an elective admission or from the Emergency Department. It should NOT include continuous/bedside ICU monitoring</i>)				

Level 4 centers are required to have monitored at least 1 patient with intracranial electrodes (extraoperative) in 2023, and at least 6 total in 2021-2023. Please enter the total number of patients monitored with intracranial electrodes at your center over the last three years:

Total number of patients monitored with intracranial electrodes in 2023: _____

Total number of patients monitored with intracranial electrodes in 2022: _____

Total number of patients monitored with intracranial electrodes in 2021: _____

Do epileptologists review all EMU reports for patients with intracranial electrodes at your center?

Yes ___ No ___ N/A (we don't provide this service) _____

Average length of stay (in days) for phase 1 EMU admissions for adult patients: _____

Average length of stay (in days) for phase 1 EMU admissions for pediatric patients: _____

Average length of stay (in days) for phase 2 EMU admissions for adult patients: _____

Average length of stay (in days) for phase 2 EMU admissions for pediatric patients: _____

How many inpatient VEEGs (days) were performed outside of the EMU (in the ICU or in locations NOT including the EMU): _____

How many inpatient VEEGs (patients) were performed outside of the EMU (in the ICU or in locations NOT including the EMU): _____

How many ambulatory continuous EEGs without video were performed: _____

How many ambulatory continuous EEGs with video were performed: _____

PERSONNEL

Personnel listed below should have special expertise in epilepsy. This means that personnel should participate in epilepsy patient conferences and center meetings and provide services to epilepsy center patients. They need not be full-time staff of the epilepsy center.

Epileptologists – Core Criterion

Centers are required to have at least two board-certified epileptologists. The Medical Director must have ABPN epilepsy board certification or the ABPN or ABCN clinical neurophysiology board certification. The second epileptologist may be board-eligible. Pediatric and adult/pediatric centers must have a board-certified pediatric epileptologist, who has ABPN Child Neurology in addition to the other certifications mentioned above. Epilepsy specialists who have trained in another country and are not board-eligible in the US may qualify on a case-by-case basis based on equivalent experience. Level 3 centers are only required to have one board certified epileptologist.

How many total epileptologists serve your center? _____

How many have current board certification in Epilepsy? _____

How many have current board certification in Clinical Neurophysiology (CNP)? _____

How many have current board certification in both epilepsy and CNP? _____

How many are board certified in neither Epilepsy nor CNP? _____

Medical Director Name _____ Degree(s) _____

Majority of time spent with epilepsy center? Yes ___ No _____

Board Certification (check all that apply):

- ___ ABPN Neurology
- ___ ABPN Child Neurology
- ___ ABPN Psychiatry
- ___ ABPN Clinical Neurophysiology
- ___ ABCN Clinical Neurophysiology
- ___ ABPN Epilepsy

Fellowship: ___ 1 year epilepsy
___ 1 year EEG-CNP

Epileptologist 2 _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes _____ No _____

Board Certification (check all that apply):

- ___ ABPN Neurology
- ___ ABPN Child Neurology
- ___ ABPN Psychiatry
- ___ ABPN Clinical Neurophysiology
- ___ ABCN Clinical Neurophysiology
- ___ ABPN Epilepsy

Fellowship: ___ 1 year epilepsy
___ 1 year EEG-CNP

If your center is a pediatric center or an adult/pediatric center and you have not yet listed a pediatric epileptologist, please enter information for a board-certified pediatric epileptologist here:

Epileptologist 3 _____ Degree (s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes ___ No _____

Board Certification (check all that apply):

- ___ ABPN Neurology
- ___ ABPN Child Neurology
- ___ ABPN Psychiatry
- ___ ABPN Clinical Neurophysiology
- ___ ABCN Clinical Neurophysiology
- ___ ABPN Epilepsy

Fellowship: ___ 1 year epilepsy
___ 1 year EEG-CNP

Neurosurgeons – Core Criterion

Level 4 centers and level 3 centers that provide surgery must have at least one neurosurgeon who is board-certified or board-eligible with special expertise in epilepsy, defined as ABNS certification or equivalent or “board-eligible and tracking toward certification” according to ABNS. The

neurosurgeon listed below must match the name of the neurosurgeon on the uploaded operative or RNS patient report.

Level 3 centers that do not provide surgery need not enter this information. Level 3 centers that only provide VNS implantation and no other neurosurgical procedures can list an ENT rather than a neurosurgeon.

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes ___ No ___

Board Certified (ABNS Neurological Surgery)? Yes ___ No ___

Epilepsy Fellowship? Yes _____ No ___

Two or more years of experience post-fellowship? Yes ___ No ___

Surgeon listed is an ENT who only provides VNS? Yes ___ No ___

Neuropsychologist

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes ___ No ___

Board Certification (check all that apply):

___ ABPP Professional Psychology/Clinical Neuropsychology

___ ABPN Professional Neuropsychology

___ Other

If other Board Certification, please explain _____

Social Worker

Every center must have a social worker with special expertise in epilepsy, defined as expertise in epilepsy, neurology or related field and receiving ongoing education and training in epilepsy care.

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes ___ No ___

Phone number: _____

Nursing/Physician Assistants

All centers must have nurses, nurse practitioners or physician assistants with special expertise in epilepsy to provide inpatient and outpatient support for patients. Special expertise in epilepsy is defined as expertise in epilepsy, neurology or related field and receiving ongoing education and training in epilepsy care.

Inpatient EMU nurse/nurse practitioner/physician assistant:

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes ___ No ___

Phone number: _____

Outpatient clinic nurse/nurse practitioner/physician assistant:

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes__ No__

Phone number: _____

EEG Staff

Centers are required to have at least one technologist who is board-certified by ABRET.

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes__ No__

Phone number: _____

ABRET Certification number: _____

Total number of FT EEG staff _____ Total number of PT EEG staff _____

Total number of EEG staff with R.EEG.T.: _____

Total number of EEG staff with R.EEG.T and with additional LTM credentials: _____.

Neuroradiologist

Centers are required to have a board-certified neuroradiologist or alternative imaging expert with appropriate credentials and training.

Name _____ Degree(s) _____

Email Address _____

Majority of time spent with epilepsy center? Yes__ No__

Board Certification: _____

Certification in specialization in neuroradiology Yes_____ No.

Phone number: _____

PROTOCOLS

Safety, Treatment and Referral Protocols

*All level 4 centers are required to have the protocols listed below, which can be modified as necessary to account for individual situations. Level 3 centers are required to have all of the protocols except #4, care of head-dressings. If your level 3 center places intracranial electrodes, you must provide this protocol. Centers that identify as a pediatric or adult/pediatric center must provide age appropriate protocols as outlined in the **Required Documents to Upload Checklist**. Please attest below regarding the utilization of these protocols at your center.*

Please check below for all of the protocols existing at your center:

____ 1. Examination of speech, memory, level of consciousness and motor function during and

following a seizure.

- ____ 2. Measures to be taken if number, duration, or severity of seizures is excessive, including number or duration of seizures requiring physician notification.
- ____ 3. Medication reduction to increase seizure yield.
- ____ 4. Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes.
- ____ 5. Management of convulsive status epilepticus and seizures in hospitalized patients.

Does your center's layout and furnishings allow easy access to and continuous observation of patients and minimize risk of injury due to falls and other safety concerns? Yes ___ No ___

EMU Caring

Each center is required to have at least one physician and one tech or one nurse complete EMU Caring, a free online continuing medical education series created by the American Epilepsy Society and the National Association of Epilepsy Centers. More information is available here:

https://www.aesnet.org/professional_education/emu_caring.

Name of physician who has completed EMU Caring: _____ Phone Number: _____
Email Address: _____

Name of technician or nurse who has completed EMU Caring: _____ Phone Number: _____
Email Address: _____

Trained personnel dedicated 24/7 to monitoring video and EEG

Each center is required to provide Verification of completion of training course with ASET for listed personnel if appropriate, and/or documentation of center training methodology in policy document.

More information is available here: [ASET LTM 100 Course](#)

Did your trained personnel complete the ASET LTM 100 course and/or center specific training? Yes ___ No ___

Name of personnel who has completed ASET LTM 100: _____ Phone Number: _____
Email Address: _____

How many active staff in your center have completed the ASET LTM 100 and/or center specific training for monitor watchers? _____

NAEC/AANN Training Program

Verification that all nurses have formal epilepsy training (NAEC/AANN or center-specific epilepsy training). Centers are required to list an additional nurse who has completed the AANN/NAEC 8-course training program each year, until 51% of the center's core EMU nurses have completed the program.

More information is available here: <https://apps.aann.org/store/product-details?productId=553710247>

Total number of core EMU nurses: _____

Name of nurse who has completed NAEC-AANN program: _____ Phone Number: _____

Email Address:

How many of your active staff have completed this training program?

Referral Arrangements

Is your center seeking accreditation as a level 3 center? Yes ___ No ___

If so, please name the level 4 center with which you have a referral agreement for surgeries or other services not provided by your center:

If your center is a level 3 pediatric center with a referral arrangement with a level 4 adult center within your institution, is that level 4 adult center equipped to treat pediatric patients? Yes ___ No ___

Comment Box

In the text box below, please enter any comments about your center's data or any other information that you would like NAEC to know.

If you are a level 3 center in an isolated geographic area with fewer than 50 cases of video EEG monitoring, please provide information concerning the presence of regular multidisciplinary conferences within your center; the number of patients discussed in multidisciplinary conferences; and participation in conferences with your partner level 4 center.

Center Accreditation Attestation Statement

By signing below, I attest that the epilepsy center listed below meets the NAEC accreditation criteria for 2024 for the following accreditation level. I further agree that our center will maintain compliance with NAEC's standards for the following accreditation level throughout the accreditation period and will report any substantial changes to NAEC.

Center Accreditation Level

___ Level 3 Center

___ Level 4 Center

Medical Director Signature _____

Date: _____