NAEC 2026 Accreditation Process – Updates and Reminders

January 14, 2026

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National Association NAEC of Epilepsy Centers

Webinar Agenda

- Timeline
- Overview of 2026 Accreditation Criteria including changes for 2026
- Instructions, Logistics, and Resources
- Q &A - Discussion

National Association NAEC of Epilepsy Centers

2026 Accreditation Timeline

November 12, 2025

- Instructions distributed

January 31, 2026

- Deadline to pay dues, complete Center Annual Report, and upload required documents

February 1-15, 2026

- Review and revise period

March 2, 2026

- Final deadline for revisions/additions
- **No materials accepted after this date**

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2026 Accreditation Process Steps

Pay 2026 Membership Dues

- All centers

Complete Center Annual Report

- All centers

Upload Required Documents

- Only centers completing full process in 2026

National Association of Epilepsy Centers

Overview of NAEC Accreditation Criteria

EMU

Services

Personnel

Protocols

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2026 Clarifications and Changes

- EMU Monitoring by Third Parties
- AANN/NAEC Certificate Program
- Training for Monitor Watchers
- Referral Agreements for Level 3 and 4 Centers
- New Patient Reports
- Neuroradiologist Board Certification
- New Protocols

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EMU Criteria – Part 1

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA – Core 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	
7) EMU Policy must be signed by the center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager	Upload policy dated in 2025	

EMU Criteria – Part 2

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA – Core Criteria	**VERIFICATION METHOD/NOTES**	
EPILEPSY MONITORING UNIT- Core Criterion		
All NAEC Centers are required to have an EMU that includes:		
8) NAEC/AANN Training Program	Center Annual Report must list names and emails of the inpatient nurse and outpatient nurse who have completed the NAEC Comprehensive Epilepsy Centers for Seizure and Epilepsy Certificate Program: 2 Modules. (change for 2026)	
9) Training for personnel dedicated 24/7 to monitoring video and EEG	All personnel who serve as monitor watchers must be trained. Center monitor watchers must complete the ASET Neurodiagnostic Assistant Course (LTM100) except for registered EEG technologists (R.EEG.Ts) and nurses that have taken the AANN/NAEC 2-module curriculum. (change being phased in beginning in 2026)	

NAEC Comprehensive Epilepsy Centers for Seizure and Epilepsy Certificate Program: 2 Modules

- For the 2026 accreditation cycle, **NAEC is requiring that all centers have their lead inpatient and outpatient nurses that are listed in the Center Annual Report complete the two modules focused on epilepsy center care. (Change)**
- Center nurses listed in these positions that have already taken the 8-module epilepsy course will not need to retake the 2 modules. NAEC encourages centers to enroll all nurses affiliated with the center in the 2 modules.
- **NAEC is underwriting the cost of providing access to these modules for NAEC centers, so centers will not incur any cost for them.**
- **Centers must use NAEC discount code found here to not be charged.**

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2026 Changes: Training for Monitor Watchers

- NAEC is requiring all monitor watchers to complete the ASET Neurodiagnostic Assistant Course (LTM100) **except for** registered EEG technologists (R.EEG.Ts) and nurses that have taken the AANN/NAEC 2-module curriculum.
- Nurses and REEGTs serving as monitor watchers must be dedicated solely to monitoring video and EEG with no other responsibilities while they are performing that duty.
- **Centers must use NAEC discount code found here to not be charged.**

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2026 Changes: 24/7/365 Monitoring

- NAEC is clarifying that 24/7/365 monitoring of patients admitted to the EMU may be provided by a third party that is off-site from the center.
- **The third party must follow NAEC requirements and protocols for monitoring patients, including safety standards and the ability to contact physicians and nurses on-site when needed.**
- **The Center Medical Director must ensure that these standards are being met.**

Additional EMU Safety Criteria

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
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”	
EMU Caring - one physician and one nurse or tech must complete	Enter name and emails in Center Annual Report. Upload certificates (if received)	

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Epilepsy Center Services Criteria – 1

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
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 2025. Pediatric centers must upload a report for a patient younger than 2 years old.	Adequate volume of 50+ EMU admissions reported on Center Annual Report. Upload 2 EMU reports from patients admitted in a single month in 2025. 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 2023 to 2025 in Center Annual Report. Upload 1 comprehensive intracranial VEEG report and 6 implantation reports for extraoperative monitoring. from 2023 through 2025, including at least one report from 2025. (change for 2026)	NOT REQUIRED

2026 Changes: Intracranial VEEG Requirement

- New for 2026 for level 4 centers in full accreditation; submit:
  - **1 comprehensive intracranial VEEG report, and**
  - **6 surgical implantation reports for extraoperative monitoring.**
  - **Include the year for all reports submitted**
- The six reports must be from the past three years with at least one in the prior year. The comprehensive VEEG report can be (but is not required to be) for the same patient as one of the surgical reports.

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Epilepsy Center Services Criteria - 2

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
EPILEPSY CENTER SERVICES		
1) ELECTRODIAGNOSTIC SERVICES		
c) Access to Wada testing or functional neuroimaging	Center Annual Report Response "Yes"	NOT REQUIRED
d) Functional cortical mapping by stimulation of intracranial electrodes	Center Annual Report Response "Yes"	NOT REQUIRED
2) IMAGING SERVICES		
a) Magnetic resonance imaging (at least 1.5T)	Upload 1 report from 2025 reflecting expertise in epilepsy signed/approved by the neuroradiologist listed on Center Annual Report. MRI report must include a statement and/or technical description of the epilepsy-specific protocol followed. If the MRI report does not include this information, centers must upload a separate document outlining their technical process. (change for 2026)	
b) Computerized axial tomography	Center Annual Report Response "Yes"	

Sample MRI Protocol Elements

- Field strength (1.5T, 3T, or 7T)
- Clear statement that an **epilepsy protocol** was performed
- Contrast agent and dose (if given)
- Concise list of the major required sequences: 3D T1-weighted, Coronal T2 perpendicular to hippocampus, 3D FLAIR, DWI, SWI/GRE
- Optional advanced techniques (DTI, fMRI, volumetry, etc.) can be noted if performed but are not required for accreditation.

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Epilepsy Center Services Criteria - 3

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
EPILEPSY CENTER SERVICES		
2) IMAGING SERVICES		
c) Cerebral angiography	Center Annual Report Response "Yes"	NOT REQUIRED
d) Access to interictal PET, ictal/interictal MEG, or ictal/interictal SPECT by established arrangement or on site	Require upload of 1 PET, MEG, or SPECT report from 2025 (change for 2026)	NOT REQUIRED
3) PHARMACOLOGICAL SERVICES		
a) Quality-assured anticonvulsant serum drug levels	Center Annual Report Response "Yes"	
4) NEUROPSYCHOLOGICAL SERVICES		
a) Comprehensive neuropsychological test batteries	Upload 1 report from 2025;	

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Epilepsy Center Services Criteria - 4

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
EPILEPSY CENTER SERVICES		
5) SURGICAL SERVICES		
a) Any resective or ablative epilepsy surgery with goal of controlling seizures	Upload 1 operative report from 2025 signed by the neurosurgeon listed in Center Annual Report; At least one operative case in 2025 listed in the Center Annual Report	NOT REQUIRED
b) Placement of intracranial electrodes	Center Annual Report Response "Yes"	NOT REQUIRED
c) Implantation of neuromodulatory devices (VNS, DBS, or RNS)	Upload 1 operative report of a VNS, DBS or RNS implantation from 2025	NOT REQUIRED
d) Management of neuromodulatory devices (VNS, DBS, or RNS)	Center Annual Report Response "Yes"	
e) Epilepsy Surgical Patient Management Conference	Upload summary of 1 Epilepsy Surgical Patient Management Conference (change for 2026)	NOT REQUIRED
6) REHABILITATION SERVICES (inpatient and outpatient): Sufficient physical, occupational, and speech therapy	Center Annual Report Response "Yes"	

Patient Management Surgical Conference

Summary of One Epilepsy Patient Management Surgical Conference:

- Level 4 centers will be required to upload the summary/minutes of one epilepsy patient management surgical conference.
- The conference summary (which could be structured as notes, minutes, PowerPoint slides, etc) must be de-identified of all patient-identifying data but should include who attended, including the epileptologist, neurosurgeon, neuroradiologist, and neuropsychologist; a summary of testing reviewed; treatment options discussed; and the final decision.

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Epilepsy Center Personnel Criteria - 1

EPILEPSY CENTER CRITERIA	LEVEL 4 CENTERS VERIFICATION METHOD/NOTES	LEVEL 3 CENTERS
EPILEPSY CENTER SERVICES		
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. 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	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. NAEC will only accept board eligibility for 7 years after completion of training. 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	Upload CV	NOT REQUIRED
c) 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	Upload CV	
d) At least one neurosurgeon who is ABNS board-certified or board-eligible tracking toward certification	Upload CV	NOT REQUIRED

Epilepsy Center Personnel Criteria - 2

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
EPILEPSY CENTER SERVICES		
PERSONNEL (Full or part-time individual accessible to center patients)		
2) Neuropsychologist	Upload CV	
3) Psychosocial: Social Worker	Name and info listed in Center Annual Report	
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; person must have completed the two-module AANN training program	
b) Inpatient EMU nurse/nurse practitioner/physician assistant with expertise in epilepsy	Name and info listed in Center Annual Report; person must have completed the two-module AANN training program	
5) EEG Technologist(s): At least one registered EEG technologist board-certified by ABRET	Name and info listed in Center Annual Report	
6) Neuroradiologists: At least one neuroradiologist board-certified with subspecialty certificate in Neuroradiology by American Board of Radiology (change for 2026)	Name and info listed in Center Annual Report	

Center Protocols Criteria - Existing

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
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	NOT REQUIRED
5) Management of status epilepticus and seizures in hospitalized patients	Upload	
6) Admission order set for EMU patients	Upload	

Center Protocols Criteria – New for 2026

EPILEPSY CENTER CRITERIA	LEVEL 4 CENTERS	LEVEL 3 CENTERS
	VERIFICATION METHOD/NOTES	
7) Verbal and written patient and caregiver education in preparation for EMU admission. (change for 2026)	Upload	
8) Identification of patients who would most likely benefit from genetic testing, even if their seizures are well controlled. (change for 2026)	Upload	
9) Nursing procedure for patient communication utilizing telephone and virtual healthcare access services with prompt response to patient concerns for outpatients.(change for 2026)	Upload	
10) Diagnosis and follow-up planning for patients with PNEE that involves both epileptologists and mental health providers. (change for 2026)	Upload	
11) Letter indicating that protocols have been reviewed, are current, and are being followed by the center must be signed by the center medical director, EMU administrative nurse manager or equivalent, and lab EEG manager	Upload letter dated in 2025	

of Epilepsy Centers

Required Elements for New Protocols in 2026

- Verbal and written patient and caregiver education for EMU admission. ***Protocol should include all logistics for admission (date, time, location) and a contact name and number, along with information on what to expect and what patient should bring to hospital for the EMU stay***.

- Identification of patients who would most likely benefit from genetic testing. ***Protocol should provide guidance in identifying appropriate patients for genetic testing, which may include age of onset, epilepsy type, comorbidities that trigger testing and family history of epilepsy; the workflow for testing and counseling if done at center or referral, and steps for sharing results with patients and referring physicians.***

- Nursing procedure for patient communication utilizing telephone and virtual healthcare access services with prompt response to patient concerns for outpatients. ***Protocol should differentiate patient requests that need immediate attention, response needed that day, response needed within 3-days – a week.***

- Diagnosis and follow-up planning for patients with PNEE. ***Protocol should explain how patients are evaluated and the PNEE diagnosis is confirmed; that a psycho/social evaluation or a referral for such evaluation is provided and that a referral for therapy is provided. Protocol should include that patient education on the diagnosis is provided.***

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Protocol Reminders

- All new and existing protocols must be on center or hospital stationery.
- Samples of all NAEC required protocols can be found on NAEC website.
- Centers will have to upload these new protocols in their next full accreditation year.

Protocol Samples

How to Contact Your Epilepsy Team

Thank you for choosing (Epilepsy Center). We are here for you. Read the following to learn the best way to contact us.

We are open Monday through Friday 8am to 5 pm except for holidays.

General Questions - MyChart	Medical Symptoms – Call	Emergent Symptoms – go to ER

• General medical questions or questions about:
  • Your medications
  • Your test results
  • Medication side effects
• Prescription refills
  • Contact your pharmacy first to complete your refill, if they are unable to refill it, they will contact us automatically
• Forms
• Letters
• Orders
	• Seizures
	• Rash
	• Medication issues such as missed med doses or not able to keep medications down
		• Seizures that last more than 5-10 minutes
		• More than two convulsive seizures in a row
		• Hurt yourself during a seizure
		• Have trouble breathing from a seizure

MyChart messages are for non-urgent issues. Our staff will typically respond to your message within two business days. There may be some issues not related to your seizures better addressed by your PCP or urgent care	Call the number below to reach our call center. If your symptoms are urgent, go to the nearest urgent care or emergency department.	Call 911 or go to the nearest emergency department.

Post-Diagnosis Care Workflow for Functional Seizures aka Psychogenic Non-Epileptic Seizures (PNES)

1. **Communicate the Diagnosis Effectively**

- Who: Epileptologist, Epilepsy or Clinical Neurophysiology Fellow and Advanced Practice Provider (APP).
- When: During the EMU stay once the diagnosis is established and at the time of discharge.
- How: Use clear, non-stigmatizing language.
- Emphasize the following key points:
  - The events are real, involuntary, and not feigned.
  - They are commonly associated with psychological stress or past trauma.
  - These types of seizures are treatable and respond to appropriate care.
  - Validate the patient's experience and reassure them that what they are experiencing is legitimate.
- Avoid unnecessary medical interventions:
  - Limit medications that are not needed (e.g., antiseizure medications if no co-existing epilepsy)
  - Minimize further diagnostic tests unless clinically indicated.

2. Provide Initial Education and Written Materials

- Educate and empower the patient to understand and manage symptoms and provide written materials.
- Provide written materials: Handouts and brochures.
  - Epilepsy Foundation (https://www.epilepsy.com/diagnosis/imitators-epilepsy/psychogenic-nonepileptic-seizures)
  - Functional Neurological Disorder Society (https://www.fndsociety.org; https://neurosymptoms.org/en/symptoms/fnd-symptoms/functional-dissociative-seizures/)

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Additional Criteria

	LEVEL 4 CENTERS	LEVEL 3 CENTERS
EPILEPSY CENTER CRITERIA	**VERIFICATION METHOD/NOTES**	
LEVEL 3 AND LEVEL 4 CENTER REFERRAL AGREEMENT	Agreement not required but must answer questions in the Center Annual Report if relevant.	Upload agreement letter with signatures of the level 3 and level 4 center medical directors **(change for 2026)**
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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LOGISTICS FOR 2026 ACCREDITATION PROCESS

Pay 2026 Membership Dues

- All centers

Complete Center Annual Report

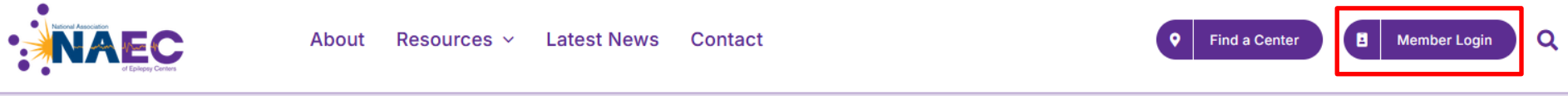
- All centers

Upload Required Documents

- Only centers completing full process in 2026

National Association NAEC of Epilepsy Centers

Log Into the Members-Only Section of Website



- Who has access to Members-Only Section of Website?
  - All center contacts from previous Center Annual Report submission
- Who has access to Center Annual Report?
  - Pre-set access for Center Director, Co-Medical Director, Administrator, Additional Admin Contact
- What if I don't have my log-in info or need to make other changes?
  - Please contact NAEC staff at 202-800-7074 or info@naec-epilepsy.org

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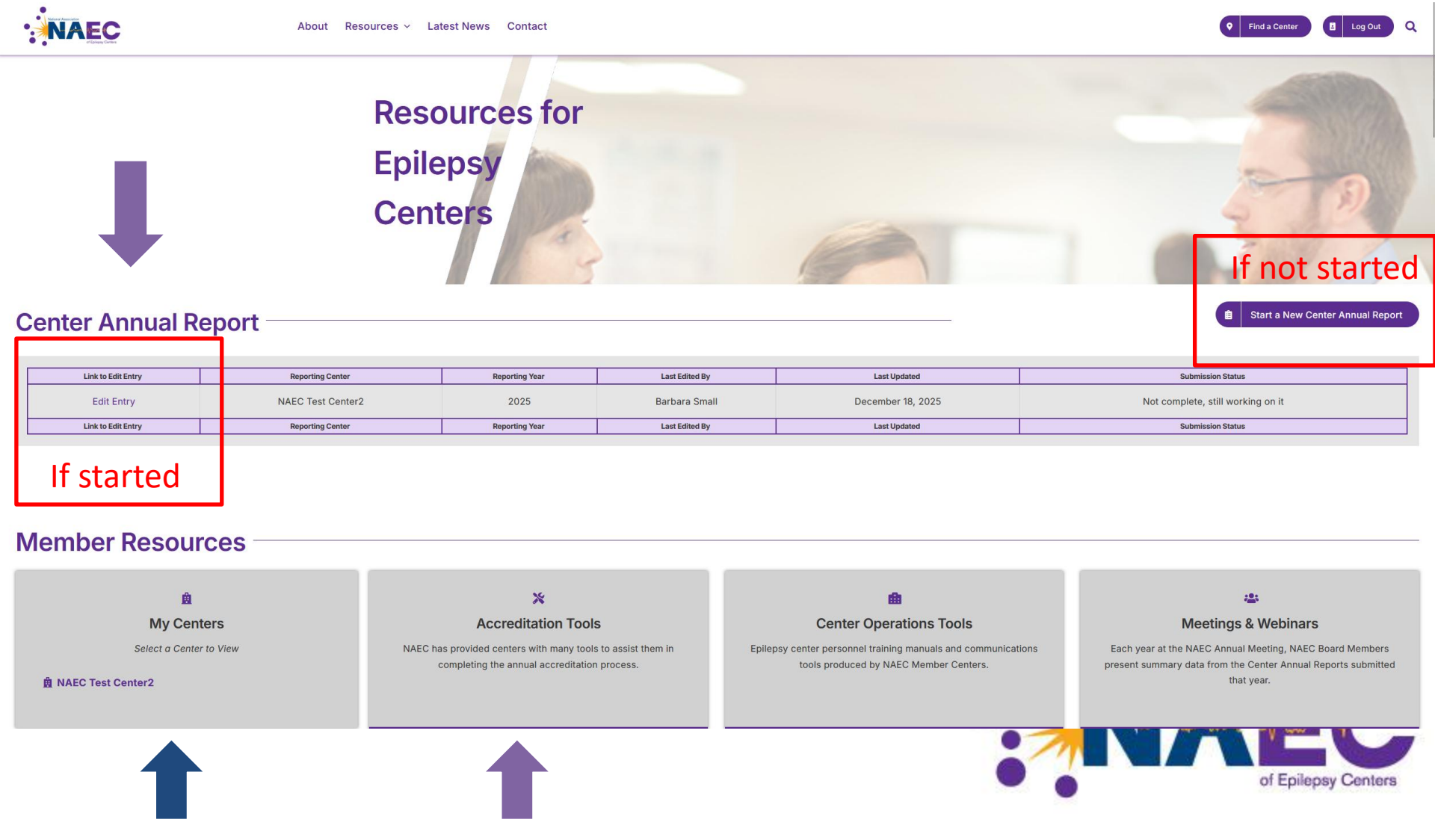
Center Annual Report + Accreditation Tools



Accreditation Tools + Sample Documents

Sample Documents

Sample EMU Policy

Sample Seizure Admission Order Set

Sample Referral Arrangement – Letter

Sample Referral Arrangement – Letter (Consortium)

Sample Epilepsy Surgery Conference Summary

Sample Epilepsy Surgical Conference Minutes Template

Sample Epilepsy Surgery Conference Summary – Gene Panels

Sample MRI Statement/Technical Descriptions

Protocols:

- **Protocol #1:** Examination of speech, memory, level of consciousness and motor function during and following a seizure. Sample Adult Protocol and Sample Pediatric Protocol
- **Protocol #2:** Measures to be taken if number, duration, or severity of seizures observed is excessive including number or duration of seizures requiring physician notification. Sample Adult Protocol and Sample Pediatric Protocol
- **Protocol #3:** Medication reduction to increase seizure yield. Sample Adult Protocol and Sample Pediatric Protocol
- **Protocol #4:** Care of head-dressings and measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes. Sample Adult Protocol and Sample Pediatric Protocol
- **Protocol #5:** Management of status epilepticus and seizures in hospitalized patients. Sample Adult Protocol and Sample Pediatric Protocol
- **Protocol #6:** Verbal and written patient and caregiver education in preparation for EMU admission. Sample EMU Admissions Packet and Sample Patient and Caregiver Education EMU Packet

Full Accreditation
Upload Required Documents

- Upload documents to your center's Box.com folder – www.naec.box.com

- If you forget your password, click the "reset password" button on the www.naec.box.com log-in page and a link to reset your password will be emailed to you.

- Let us know if you have difficulties with Box.com – we have developed a few work arounds.

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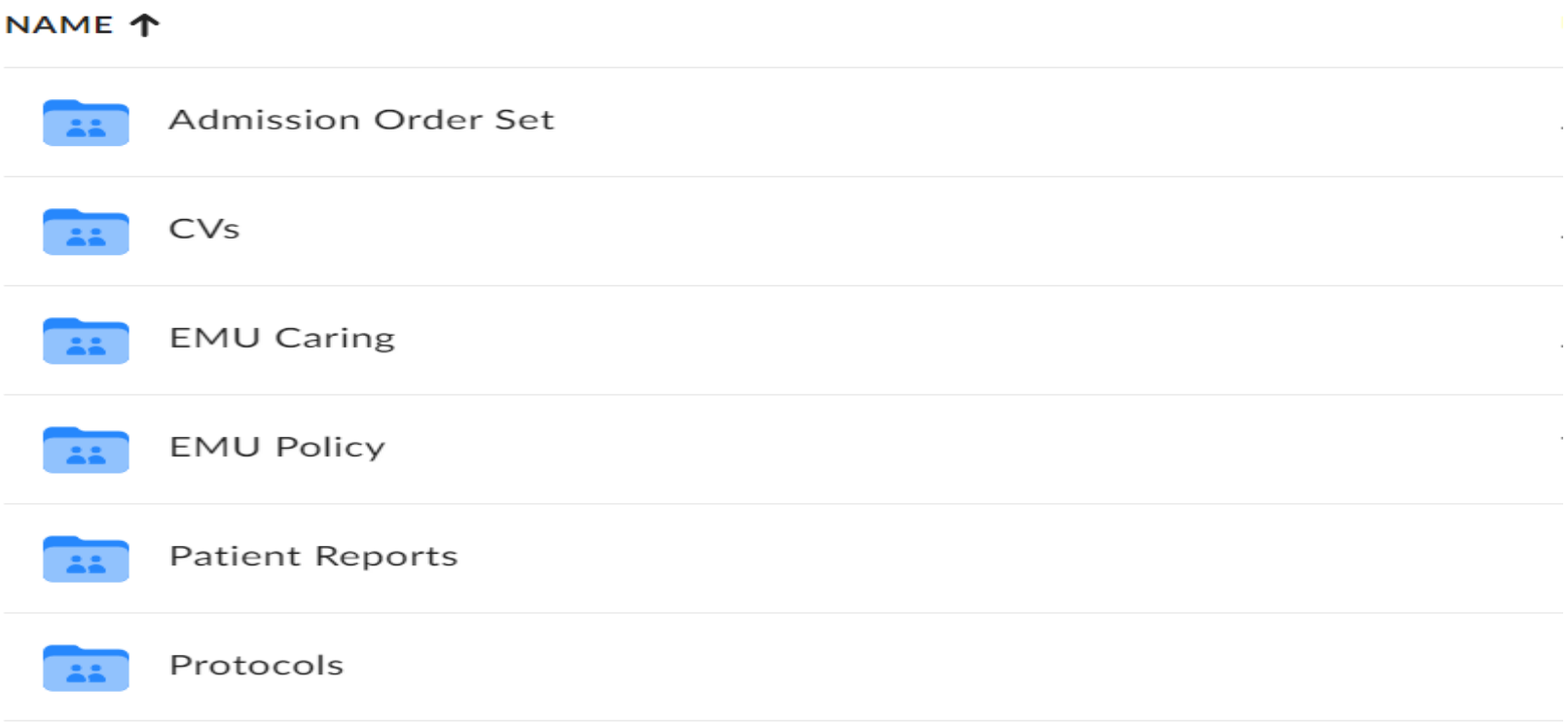
Your Box Folder



You must upload documents into each folder on the screen that looks like this!

HIPAA Compliance

All patient reports must be de-identified and HIPAA-compliant

- Centers will be notified if personal health information (PHI) is found in a report and will be required to properly de-identify and resubmit all reports.
  - Center will not be accredited if reports are not properly de-identified.

- Instructions list the 18 components to be removed
  - Common question: Delete date and month of all procedures but leave year.

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HIPAA Safe Harbor Standard

Remove these elements on every page!

(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
(K) Certificate/license numbers	as permitted by paragraph (c) of this section; and

2026 Accreditation Timeline

November 12, 2025

- Instructions distributed

January 31, 2026

- Deadline to pay dues, complete Center Annual Report, and upload required documents

February 1-15, 2026

- Review and revise period

March 2, 2026

- Final deadline for revisions/additions
- **No materials accepted after this date**

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Questions?

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