

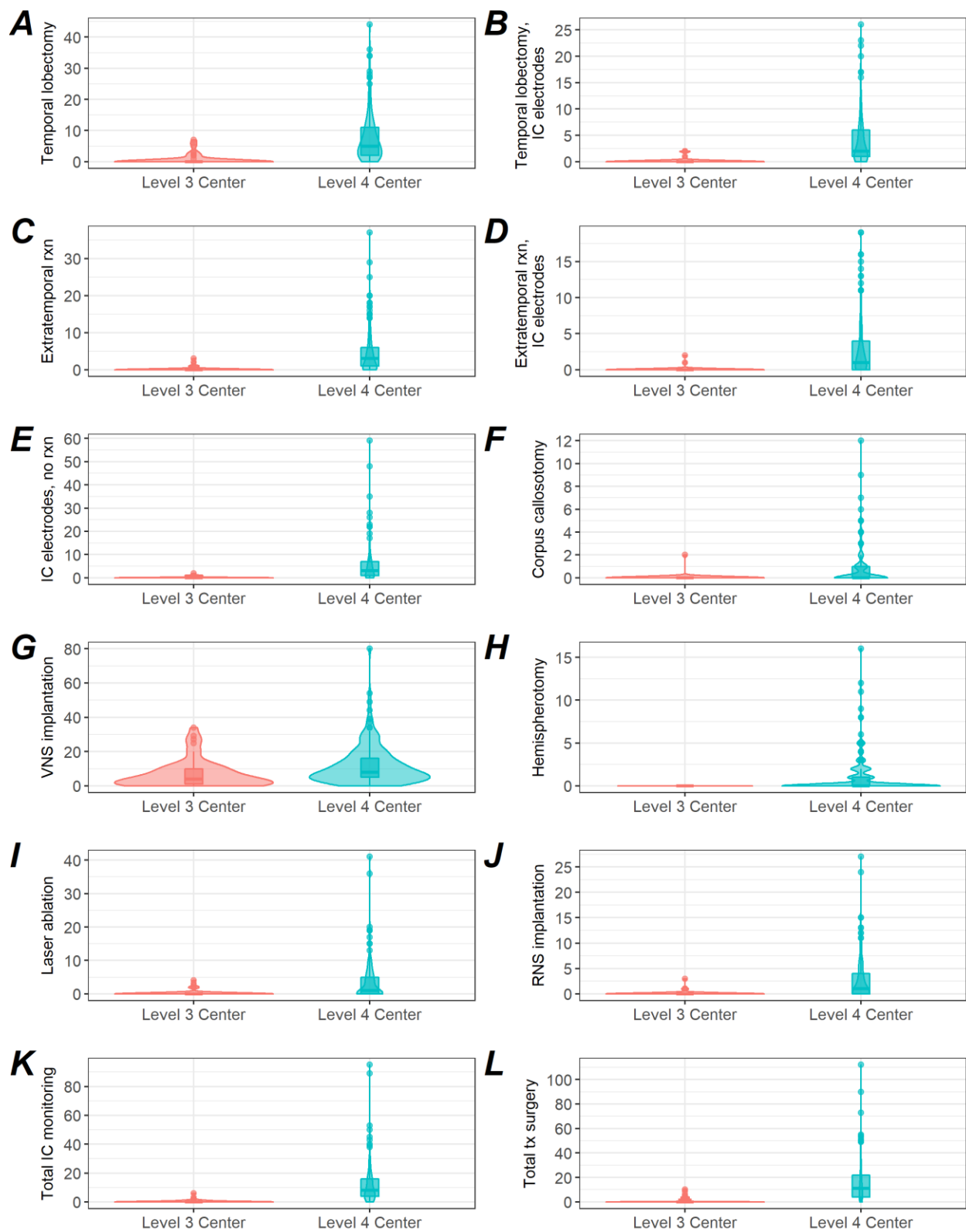
eTable 1: Missing data by variable

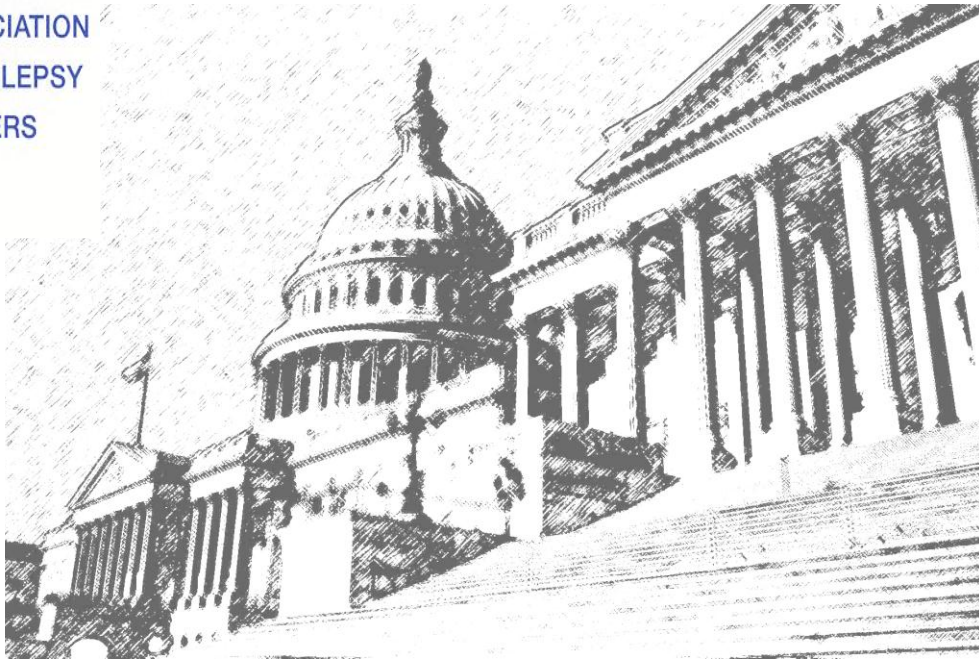
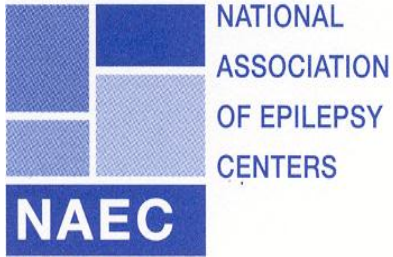
Variable	N missing	% missing
EEG Staff (full time)	1	0.2
R. EEG T	1	0.2
LTM R. EEG T	7	1.1
# of Epileptologists	15	2.3
EMU beds, all	1	0.2
EMU admissions, all	8	1.2
Average LOS	7	1.1
24hr intracranial	0	0.0
Wada	0	0.0
Functional Cortical Mapping	0	0.0
PET or SPECT	0	0.0
MRI 1.5T	0	0.0
Alternative/Complementary medicine	0	0.0
Epilepsy in pregnancy	0	0.0
Device trials	0	0.0
Drug trials	0	0.0
Ketogenic diet	0	0.0
Genetic testing	0	0.0
Temporal lobectomy	36	5.6
Intracranial electrodes, no resection	30	4.7
Extratemporal resection	44	6.9
Corpus callosotomy	48	7.5
VNS implantation	22	3.4
MEG	0	0.0
Neuropsychology testing	0	0.0
Hemispherotomy	37	7.7
Laser ablation	35	7.3
RNS implantation	32	6.7
vEEG monitored continuously	0	0.0

eTable 2: Supplemental services by center level over time.

Characteristic	Level 3			Level 4		
	2012, N = 25	2016, N = 40	2019, N = 58	2012, N = 136	2016, N = 184	2019, N = 198
24hr IC monitoring	10 (40%)	8 (20%)	24 (41.4%)	136 (100%)	182 (98.9%)	186 (93.9%)
Wada	16 (64%)	35 (87.5%)	46 (79.3%)	135 (99.3%)	184 (100%)	194 (98%)
Functional cortical mapping	8 (32%)	13 (32.5%)	28 (48.3%)	136 (100%)	183 (99.5%)	184 (92.9%)
PET or SPECT	22 (88%)	36 (90%)	46 (79.3%)	134 (98.5%)	184 (100%)	190 (96%)
MRI 1.5T	25 (100%)	40 (100%)	58 (100%)	136 (100%)	184 (100%)	198 (100%)
Alternative/complementary medicine	0 (0%)	8 (20%)	19 (32.8%)	1 (0.7%)	65 (35.3%)	103 (52%)
Epilepsy in pregnancy	21(84%)	34 (85%)	52 (89.7%)	117 (86%)	162 (88%)	175 (88.4%)
Device trials	2 (8%)	8 (20%)	20 (34.5%)	72 (52.9%)	115 (62.5%)	130 (65.7%)
Drug trials	14 (56%)	18 (45%)	33 (56.9%)	122 (89.7%)	169 (91.8%)	179 (90.4%)
Ketogenic diet	7 (28%)	22 (55%)	28 (48.3%)	105 (77.2%)	143 (77.7%)	162 (81.8%)
Genetic testing	16 (64%)	32 (80%)	46 (79.3%)	99 (72.8%)	115 (62.5%)	180 (90.9%)
MEG	-	0 (0%)	5 (8.6%)	-	44 (23.9%)	38 (19.2%)
Neuropsychology testing	-	36 (90%)	56 (96.6%)	-	183 (99.5%)	196 (99%)
Statistics presented: n (%)						

eFigure 1. Number of procedures at each center in 2019, displayed by procedure type. Violin plots by center level and overlaid box plots with median and IQR also show the smoothed density at different values. These plots include values of zero, as reported by the participants.





2012 Center Designation Annual Report

Level 3 and 4 Epilepsy Centers

Levels of care for epilepsy have been developed by the NAEC for use in evaluating the appropriateness and quality of specialized epilepsy care in the United States.

NAEC members may elect to file a Center Designation Annual Report with the NAEC on an annual basis. Designations will be listed at www.naec-epilepsy.org each year.

Centers designating Level 3 or Level 4 status attest that their epilepsy center meets the criteria as stated in the NAEC *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*.

Dues must be paid in full and Level 4 Self-Designation Surveys completed and on file with the NAEC by February 24, 2012 to be included in the submission to *US News and World Report* for their annual ranking of *Best Hospitals*.

National Association of Epilepsy Centers

600 Maryland Ave, SW, Suite 835W

Washington, DC 20024

202-484-1100 (p)

202-484-1244 (f)

info@naec-epilepsy.org (e)

www.naec-epilepsy.org

NAEC EPILEPSY CENTER

Survey completed by _____ Title _____

Date _____ Email Address _____ Phone _____

Epilepsy Center _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Epilepsy Center Web Address _____

(Check one) _____ Adult Epilepsy Center _____ Pediatric Epilepsy Center _____ Both

Do you perform or refer surgeries to the same hospital where the epilepsy center is located? Y/N

If not, please list the hospitals where you perform or refer surgical cases

Surgical Hospital 1 _____

Address _____

City _____ State _____ Zip _____

Surgical Hospital 2 _____

Address _____

City _____ State _____ Zip _____

LEADERSHIP

Medical Director _____

Medical Director Degree(s) _____

Phone number _____ Email Address _____

Co-Medical Director _____

Degree(s) _____

Phone number _____ Email Address _____

Epilepsy Center Administrator (person responsible for dues payment)

Title _____

Phone number _____ Email Address _____

PERSONNEL EPILEPTOLOGISTS

PLEASE ENTER INFORMATION FOR ONLY THOSE EPILEPTOLOGISTS WHO SPEND A MAJORITY OF THEIR TIME WITH THE CENTER.

Physician _____

Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No Number of years ____1 ____2 ____3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Child Neurology

____ ABPN Psychiatry

____ ABPN Clinical Neurophysiology

____ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No Number of years ____1 ____2 ____3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Child Neurology

____ ABPN Psychiatry

____ ABPN Clinical Neurophysiology

____ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No Number of years ____1 ____2 ____3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Child Neurology

____ ABPN Psychiatry

____ ABPN Clinical Neurophysiology

____ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No Number of years ____1 ____2 ____3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

☐ ABPN Neurology
☐ ABPN Child Neurology
☐ ABPN Psychiatry
☐ ABPN Clinical Neurophysiology
☐ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ☐ Yes ☐ No

Epilepsy Fellowship: ☐ Yes ☐ No Number of years ☐ 1 ☐ 2 ☐ 3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

☐ ABPN Neurology
☐ ABPN Child Neurology
☐ ABPN Psychiatry
☐ ABPN Clinical Neurophysiology
☐ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ☐ Yes ☐ No

Epilepsy Fellowship: ☐ Yes ☐ No Number of years ☐ 1 ☐ 2 ☐ 3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

☐ ABPN Neurology
☐ ABPN Child Neurology
☐ ABPN Psychiatry
☐ ABPN Clinical Neurophysiology
☐ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ☐ Yes ☐ No

Epilepsy Fellowship: ☐ Yes ☐ No Number of years ☐ 1 ☐ 2 ☐ 3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

☐ ABPN Neurology
☐ ABPN Child Neurology
☐ ABPN Psychiatry
☐ ABPN Clinical Neurophysiology
☐ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ☐ Yes ☐ No

Epilepsy Fellowship: ☐ Yes ☐ No Number of years ☐ 1 ☐ 2 ☐ 3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Child Neurology

____ ABPN Psychiatry

____ ABPN Clinical Neurophysiology

____ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No Number of years ____1 ____2 ____3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Child Neurology

____ ABPN Psychiatry

____ ABPN Clinical Neurophysiology

____ ABCN Clinical Neurophysiology

Physician _____

Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No Number of years ____1 ____2 ____3

If yes, Where? _____ When? _____

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Child Neurology

____ ABPN Psychiatry

____ ABPN Clinical Neurophysiology

____ ABCN Clinical Neurophysiology

NEUROSURGEONS

Name _____

Degree(s) _____

Board Certified (ABNS Neurological Surgery) ____ Yes ____ No

If so, type? _____

Epilepsy Surgery Fellowship: Where? _____

Year completed _____

Name _____

Degree(s) _____

Board Certified (ABNS Neurological Surgery) ____ Yes ____ No

If so, type? _____

Epilepsy Surgery Fellowship: Where? _____
Year completed _____

Name _____
Degree(s) _____
Board Certified (ABNS Neurological Surgery) ____ Yes ____ No
If so, type? _____
Epilepsy Surgery Fellowship: Where? _____
Year completed _____

Name _____
Degree(s) _____
Board Certified (ABNS Neurological Surgery) ____ Yes ____ No
If so, type? _____
Epilepsy Surgery Fellowship: Where? _____
Year completed _____

NEUROPSYCHOLOGIST/S

Name _____ Degree(s) _____
Board Certification (check all that apply)
____ ABPP Professional Psychology/Clinical Neuropsychology
____ ABPN Professional Neuropsychology
Full-time with epilepsy center? ____ Yes ____ No

Name _____ Degree(s) _____
Board Certification (check all that apply)
____ ABPP Professional Psychology/Clinical Neuropsychology
____ ABPN Professional Neuropsychology
Full-time with epilepsy center? ____ Yes ____ No

PHARMACOLOGIST OR PHARM. D.

Name _____ Degree(s) _____
Full-time with epilepsy center? ____ Yes ____ No

CLINICAL PSYCHOLOGIST / COUNSELING PSYCHOLOGIST

Name _____ Degree(s) _____
Full-time with epilepsy center? ____ Yes ____ No

SOCIAL WORKER

Name _____ Degree(s) _____
Full-time with epilepsy center? ____ Yes ____ No

NURSE PRACTITIONER/S, CLINIC NURSE SPECIALIST/S, NURSE CLINICIAN/S

Name _____ Degree(s) _____

Full-time with epilepsy center? ____ Yes ____ No

Name _____ Degree(s) _____

Full-time with epilepsy center? ____ Yes ____ No

Name _____ Degree(s) _____

Full-time with epilepsy center? ____ Yes ____ No

HEAD NURSE / STAFF NURSE

Name _____ Degree(s) _____

Full-time with epilepsy center? ____ Yes ____ No

EEG STAFF

Number of EEG staff with R.EEG.T. (ABRET) *and with* additional LTM credentials:

FT _____ # PT _____

Number of EEG staff with R.EEG.T. (ABRET) credentials *without* LTM credentials:

FT _____ # PT _____

Number of EEG staff *without* R.EEG.T. (ABRET) credentials:

FT _____ # PT _____

INPATIENT SERVICES

Inpatient video EEG monitoring is performed in a (check all that apply):

- ____ Epilepsy monitoring unit
- ____ General neurology unit
- ____ Intensive care unit
- ____ General medical/surgical unit
- ____ Other

Nursing care for inpatient vEEG monitoring is provided by epilepsy staff nurses: ____ Yes ____ No

Inpatient video EEG monitoring is continuously observed by an R.EEG.T or monitoring technician.

- ____ 8 hours a day or less
- ____ 16 hours a day
- ____ More than 16 hours a day but less than 24 hours a day
- ____ 24 hours a day

Automated seizure detection software is:

- ____ Used continuously in place of continuous observation by EEG monitoring staff

- ☐ Used during a portion of the day when EEG monitoring staff are not observing recording
- ☐ Used in addition to continuous observation by EEG monitoring staff
- ☐ Not used

Number of hours automatic seizure detection software is used per day: _____

Video EEG data collection and review

- ☐ Entire EEG recording is scanned by EEG tech or epileptologist
- ☐ Only time samples of EEG and EEG segments flagged by seizure detection software are recorded for scanning

Protocols are in place for the following (check all that apply)

- ☐ Patient examination during seizures
- ☐ Number or duration of seizures over a given period requiring physician notification
- ☐ Measures to be taken if number, duration, or severity of seizures observed is excessive
- ☐ Medication reduction to increase seizure yield (not recommended in the outpatient setting)
- ☐ Designated provider of emergency services in the event of emergencies (if an outpatient facility)
- ☐ Care of head-dressings in patients studied with intracranial electrodes
- ☐ Measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes

OUTPATIENT SERVICES

Outpatient services provided (please check all that apply)

- ☐ Outpatient video EEG
- ☐ Ambulatory EEG
- ☐ Neither

If you perform ambulatory video EEG, do you perform "at-home" vEEG? ☐ Yes ☐ No

ELECTRODIAGNOSTIC AND OTHER DIAGNOSTIC SERVICES PROVIDED (CHECK ALL THAT APPLY)

- ☐ Inpatient video EEG with surface electrodes
- ☐ Inpatient video EEG monitoring with surface electrodes supplemented by sphenoidal or other appropriate additional electrodes
- ☐ Video EEG monitoring with intracranial electrodes (subdural, epidural, depth electrodes)
- ☐ Functional cortical mapping by stimulation of subdural electrodes- intraoperative
- ☐ Functional cortical mapping by stimulation of subdural electrodes - extraoperative
- ☐ Evoked potential recording with intracranial electrodes
- ☐ Intraoperative electrocorticography

- ☐ Intracarotid amobarbital (Wada) testing
- ☐ PET scan
- ☐ SPECT scan- interictal
- ☐ SPECT scan - ictal
- ☐ MRI - Less than 1.5 T
- ☐ MRI - 1.5 T
- ☐ MRI - 3 T
- ☐ MRI- Higher than 3 T
- ☐ Functional MRI
- ☐ Magnetoencephalography (MEG)

OTHER EPILEPSY CENTER SERVICES PROVIDED BY YOUR CENTER

Please check all that apply:

- ☐ Rehabilitation, including physical, occupational, and speech therapy
- ☐ Genetics
- ☐ Ketogenic diet
- ☐ Investigational drug trials
- ☐ Investigational device trials
- ☐ Management of women with epilepsy during pregnancy
- ☐ Alternative or complimentary medicine
- ☐ Management of epilepsy in special populations (the elderly, children, developmentally disabled individuals)

VOLUME OF PATIENTS SEEN IN EPILEPSY CENTER

Number of beds designated for vEEG monitoring (beds in your EMU) devoted to adults: _____

Number of beds in your EMU devoted to peds: _____

Number of beds in your EMU shared between adults and peds: _____

Total EMU admissions in 2011: _____

Average length of stay (in days) for EMU admissions: _____

SURGICAL SERVICES PROVIDED

Procedures performed (check all that apply):

- ☐ Emergency or elective neurosurgery, including biopsy and removal of incidental lesions and treatment of cerebral complications of epileptic seizures
- ☐ Implantation and management (including device and battery replacement) of vagus nerve stimulator (VNS)
- ☐ Lesionectomy for treatment of epilepsy, without intracranial EEG recording or cortical mapping
- ☐ Placement of intracranial electrodes
- ☐ Anterior temporal lobectomy, with or without mesial temporal sclerosis, without intracranial EEG recording or cortical mapping
- ☐ Tailored temporal resection with intracranial EEG recording and cortical mapping (for non-lesional temporal lobe seizure focus or temporal seizure focus adjacent to eloquent cortex)
- ☐ Resection of non-lesional extratemporal epileptogenic zone as defined by intracranial EEG recording, with cortical mapping
- ☐ Corpus callosotomy
- ☐ Functional hemispherectomy

REFERRAL ARRANGEMENTS

Is your center a Level 3 center? ☐ Yes ☐ No

If so, please name the level 4 center with which you have a written referral agreement for surgeries: _____

SURGICAL VOLUME -- ENTER NUMBER OF PATIENTS (CASES) COUNT ONLY SURGERIES FOR TREATMENT OF INTRACTABLE EPILEPSY IN 2011

Please enter a number in each space below for the number of surgeries **for treatment of intractable epilepsy only** in 2011. If your center did not perform any of a type of surgery, please enter zero.

- _____ Temporal Lobectomies
- _____ Temporal lobectomies with intracranial electrodes
- _____ Temporal intracranial electrodes without resection
- _____ Extra-temporal resections
- _____ Extra-temporal resections with intracranial electrodes
- _____ Extra-temporal intracranial electrodes without resection
- _____ Corpus Callosotomy
- _____ Vagus Nerve Stimulator implantation
- _____ Radiofrequency surgery (gamma knife) for the treatment of epilepsy

LEVEL 3 AND LEVEL 4 SELF-DESIGNATION

By signing below, I designate that my epilepsy center meets the criteria of a Level 3 or Level 4 specialized epilepsy center as stated in the NAEC *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*.

I hereby certify that I have read and fully understand the contents of the NAEC Guidelines and that _____ epilepsy center meets the criteria as stated in the said guidelines of a (please designate as **ONE** of the following):

_____ Level 3 Center for Epilepsy

_____ Level 4 Center for Epilepsy

Signature

Date

Please note that surveys are due to the NAEC office by February 24, 2012 in order to meet the deadline for submission to *US News and World Report* for their annual ranking of *Best Hospitals*. NAEC membership dues must be paid in full for the membership year in order to be included in the submission to *US News and World Report*. Incomplete surveys will not be submitted. Please e-mail questions regarding this survey to info@naec-epilepsy.org.

2016 Center Annual Report

NAEC members may elect to file a Center Annual Report with the NAEC on an annual basis. Designations will be listed at www.naec-epilepsy.org each year.

Centers designating Level 3 or Level 4 status attest that their epilepsy center meets the criteria as stated in the NAEC *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*.

Dues must be paid in full and Level 4 Annual Reports completed and on file with the NAEC by January 31, 2016 to be included in the submission to *US News and World Report* for their annual ranking of *Best Hospitals*.

Reminder: The 2016 Center Annual Report MUST be completed online at the link provided to you by NAEC. This PDF version of the survey is solely for your reference as you complete the report.

NAEC EPILEPSY CENTER

Survey completed by _____ Title _____ Date _____
Email Address _____ Phone _____

Epilepsy Center _____
Address _____

City _____ State _____ Zip _____
Phone Number _____
Epilepsy Center Web Address _____
(Check one) _____ Adult Epilepsy Center _____ Pediatric Epilepsy Center _____ Both

Please list the hospital where your center is located:

Hospital 1 name _____
Address _____
City _____ State _____ Zip _____

Center Leadership

Medical Director _____
Medical Director Degree(s) _____
Phone number _____ Email Address _____

Co-Medical Director _____
Degree(s) _____
Phone number _____ Email Address _____

Epilepsy Center Administrator (person responsible for dues payment)

Title _____
Phone number _____ Email Address _____

EPILEPSY CENTER SERVICES

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 (subdural, epidural or depth 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 ___

These questions are for research purposes:

Does your center have ABRET-LTM certification? Yes ___ No ___

Note: Centers with ABRET-LTM certification do not need to upload the 5 scalp video-EEG reports or the intracranial video-EEG report.

Inpatient video EEG monitoring is continuously observed by an R.EEG.T or monitoring technician.

___ 8 hours a day or less

___ 16 hours a day

___ More than 16 hours a day but less than 24 hours a day

___ 24 hours a day

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 provide cerebral angiography? Yes ___ No ___

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

Pharmacological Services

Does your center have access to a lab that can provide anticonvulsant serum drug levels? Yes ___ No ___

Neuropsychological/Psychosocial Services

Does your center provide comprehensive neuropsychological test batteries for localization of cerebral dysfunction for evaluation for epilepsy surgery? Yes ___ No ___

Surgical Services

Level 4 centers are required to have the capacity to provide the surgical services listed below. 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 emergency or elective neurosurgery, including biopsy and removal of incidental lesions and treatment of cerebral complications of epileptic seizures? Yes ___ No ___

Does your center have the ability to manage surgical complications? Yes ___ No ___

Does your center provide open and stereotactic biopsy? Yes ___ No ___

Does your center provide surgical resection of epileptogenic structural lesions with the goal of treating seizures ("lesionectomy")? Yes ___ No ___

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

Does your center provide implantation and management of the vagus nerve stimulator or other neuromodulatory devices? 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 2015. If your center did not provide any of a type of surgery, please enter zero.

_____ Temporal Lobectomies (includes either medial or lateral temporal lobectomies)

_____ Temporal lobectomies that required intracranial electrodes (should be \leq total temporal lobectomies)

_____ Extra-temporal resections (any surgery that may involve temporal lobe but primarily resects frontal, parietal or occipital lobe tissue)

_____ Extra-temporal resections required intracranial electrodes (should be \leq total extratemporal lobectomies)

_____ Intracranial electrodes placed but without resection (because resection has not been performed yet or is not planned)

_____ Corpus Callosotomy

_____ Vagus Nerve Stimulator implantation

_____ Vagus Nerve Stimulator re-do or battery change

_____ Responsive Neurostimulation (RNS) implantation

_____ Radiofrequency surgery (gamma knife) for the treatment of epilepsy
_____ Hemispherotomies
_____ How many of the epilepsy surgeries above were performed with laser ablation?

Rehabilitation Services (inpatient and outpatient)

Does your center have capabilities to provide sufficient physical, occupational, and speech therapy for managing complications of surgeries provided at the center? Yes__ No__

Volume of Patients Seen in Epilepsy Center

Total number of beds in your EMU: _____

Number of beds designated for vEEG monitoring (beds in your EMU) devoted to adults: _____

Number of beds in your EMU devoted to peds: _____

Total EMU admissions in 2015 (Note: this should include admissions to the EMU for seizures or spells. It should NOT include continuous/bedside ICU monitoring): _____

Average length of stay (in days) for EMU admissions: _____

Total number of continuous vEEG days (note DAYS instead of number of PATIENTS) performed in ICU or locations NOT including the EMU: _____

Total number of portable vEEG units used at your center: _____

Other Epilepsy Center Services

Note: This question is for research purposes. Please check all services that your center provides:

- _____ Genetics
- _____ Ketogenic diet
- _____ Investigational drug trials
- _____ Investigational device trials
- _____ Management of women with epilepsy during pregnancy
- _____ Alternative or complimentary medicine
- _____ Management of epilepsy in special populations (the elderly, children, developmentally disabled individuals)

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

Centers are required to have at least two board-certified neurologists with expertise in epilepsy. Centers that identify as pediatric or treat both adults and children must have a board-certified pediatric neurologist with expertise in epilepsy. Expertise in epilepsy is defined in the following ways: completion of the ABPN epilepsy board certification; and/or at least two years of experience post-fellowship in an epilepsy center. Special competence in epilepsy or clinical neurophysiology are encouraged but not required. NAEC has an exemption policy for level 3 rural centers to have only one epileptologist.

How many total epileptologists serve your center? ____

Medical Director _____ Degree (s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No

Number of years of experience (not including fellowship): _____.

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Clinical Neurophysiology

____ ABPN Child Neurology

____ ABCN Clinical Neurophysiology

____ ABPN Psychiatry

____ ABPN Epilepsy

Epileptologist 2 _____, Degree(s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No

Number of years of experience (not including fellowship): _____.

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Clinical Neurophysiology

____ ABPN Child Neurology

____ ABCN Clinical Neurophysiology

____ ABPN Psychiatry

____ ABPN Epilepsy

If your center is a pediatric center and/or serves both adults and children and you have not yet listed a pediatric epileptologist, please enter information for a pediatric epileptologist or child neurologist here:

Epileptologist 3 _____, Degree (s) _____

Full Time with epilepsy center? ____ Yes ____ No

Epilepsy Fellowship: ____ Yes ____ No

Number of years of experience (not including fellowship): _____.

Board Certification (check all that apply)

____ ABPN Neurology

____ ABPN Clinical Neurophysiology

____ ABPN Child Neurology

____ ABCN Clinical Neurophysiology

____ ABPN Psychiatry

____ ABPN Epilepsy

Neurosurgeons

Level 4 centers and Level 3 centers that provide surgery must have at least one board-certified neurosurgeon with special expertise in epilepsy, defined as ABNS certification and at least two years of experience post-fellowship. Level 3 centers that do not provide surgery need not enter this information.

Name _____ Degree(s) _____

Board Certified (ABNS Neurological Surgery) ____ Yes ____ No

Number of years of experience (not including fellowship): _____.

Neuropsychologist

Name _____ Degree(s) _____

Board Certification (check all that apply)

___ ABPP Professional Psychology/Clinical Neuropsychology

___ ABPN Professional Neuropsychology

Full-time with epilepsy center? ___ Yes ___ No

Social Worker

Every center must have at least access to 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) _____

Full-time 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) _____

Full-time with epilepsy center? ___ Yes ___ No

Phone number: _____

Outpatient clinic nurse/nurse practitioner/physician assistant:

Name _____ Degree(s) _____

Full-time 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) _____

Full-time 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) _____

Board Certification: _____

Full-time with epilepsy center? ____ Yes ____ No

Phone number: _____

PROTOCOLS

Safety, Treatment and Referral Protocols

All centers are required to have the protocols listed below, which can be modified as necessary to account for individual situations. Please attest below regarding the utilization of these protocols at your center and then upload a copy of your center's protocols below. Your protocols do not need to be divided into the categories listed below and you can also submit screenshots from your electronic medical record (EMR) if the protocols are integrated there.

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. Number or duration of seizures over given period requiring physician notification.
3. Medication reduction to increase seizure yield
4. Measures to be taken if number, duration, or severity of seizures observed is excessive.
5. Care of head-dressings in patients studied with intracranial electrodes
6. Measures to prevent postoperative infections or other complications in patients studied with intracranial electrodes.
7. Management of 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:

<http://www.emucaring.org/>.

Name of physician who has completed EMU Caring: _____

Email: _____

Phone Number: _____

Name of technician or nurse who has completed EMU Caring: _____

Email: _____

Phone Number: _____

Referral Arrangements

Is your center a Level 3 center? ____ Yes ____ No

If so, please name the level 4 center with which you have a referral agreement for surgeries: _____

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 about your center's designation.

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.

LEVEL 3 AND LEVEL 4 ACCREDITATION

By signing below, I assert that my epilepsy center meets the criteria of a Level 3 or Level 4 specialized epilepsy center as stated in the NAEC *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*.

I hereby certify that I have read and fully understand the contents of the NAEC Guidelines and that _____ epilepsy center at _____ hospital meets the criteria as stated in the said guidelines of a (please designate as **ONE** of the following):

_____ Level 3 Center _____ Level 4 Center

Signature

Date

eAppendix 3: Attachment 5: 2019 Center Annual Report Worksheet



2019 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 2018 data for accreditation that is awarded in 2019. The center must answer each question based on 2018 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 2019 Accreditation Criteria.

Dues must be paid in full and level 4 reports submitted to the NAEC by January 31, 2019 to be included in the submission to *US News and World Report* for their annual ranking of Best Hospitals.

Reminder: The 2019 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)

_____ 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 (Administrator responsible for epilepsy center)

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 _____

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 (subdural, epidural or depth 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's EMU have ABRET-LTM certification? Yes____No ____

The next six questions are for research purposes:

Does your center have a MEG at your institution? Yes___No ___

Does your center refer patients for a MEG study outside of your institution? Yes___ No___

For patients undergoing vEEG monitoring in the EMU, does your center have personnel whose only task is to watch the video stream of these patients without other responsibilities that would require them to interrupt direct observation of the video screen? Yes___ No___

For patients undergoing vEEG monitoring in the EMU, inpatient vEEG monitoring is continuously observed:

___ 8 hours a day or less

___ 16 hours a day

___ More than 16 hours a day but less than 24 hours a day

___ 24 hours a day

If your center does not continuously monitor inpatient vEEG 24 hours a day, what monitoring strategies are used for the hours where continuous monitoring does not occur? (narrative response)

Which personnel from your center continuously observe the video for EMU patients? (check all that apply)

___ EEG technicians

___ Trained nurses

___ Trained monitor watchers

___ Untrained personnel (unit clerks, general neurology nurses)

___ None

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 provide 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 anticonvulsant serum drug levels? Yes___ No___

Neuropsychological/Psychosocial Services

Does your center provide comprehensive neuropsychological test batteries? 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__ _

Other Epilepsy Center Services

Note: This question is for research purposes.

Please check all services that your center provides:

- ☐ Genetics
- ☐ Ketogenic diet
- ☐ 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)

Surgical Services

Level 4 centers are required to have the capacity to provide the surgical services listed below. 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 implantation and management of the vagus nerve stimulator or other neuromodulatory devices? 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 2018 by age of the patient**. If your center did not provide any of a type of surgery, please enter zero.

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Temporal Lobectomies (includes either medial or lateral temporal lobectomies)							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
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Temporal lobectomies that required intracranial electrodes (should be \leq total temporal lobectomies)							
--	--	--	--	--	--	--	--

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Extra-temporal resections (any surgery that may involve temporal lobe but primarily resects frontal, parietal or occipital lobe tissue)							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Extra-temporal resections that required intracranial electrodes (should be \leq total extratemporal lobectomies)							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Intracranial electrodes placed but without resection (because resection has not been performed yet or is not planned)							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
How many of the epilepsy surgeries above were performed with laser ablation?							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Corpus Callosotomy							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Radiofrequency surgery (gamma knife) for the treatment of epilepsy							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Vagus Nerve Stimulator (VNS) implantation							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Vagus Nerve Stimulator (VNS) replacement or battery change							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
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Responsive Neurostimulation (RNS) implantation							
--	--	--	--	--	--	--	--

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Responsive Neurostimulation (RNS) replacement or battery change							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Deep brain stimulation (DBS) implantation							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Deep brain stimulation (DBS) replacement or battery change							

Surgery Type	0-2 yrs	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Hemispherotomies							

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	3-5 yrs old	6-10 yrs old	11-18 yrs	Total Ped Patients	18+ yrs	Total all patients
Total EMU admissions in 2018 (<i>Note: this should include admissions to the EMU for seizures or spells. It should NOT include continuous/bedside ICU monitoring</i>)							

Total number of patients monitored with intracranial electrodes in 2018: _____

Average length of stay (in days) for EMU admissions: _____

Total number of continuous vEEG days (note: DAYS instead of number of PATIENTS) performed in ICU or locations NOT including the EMU: _____

Total number of portable vEEG units used at your center: _____

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

Centers are required to have at least two board-certified neurologists with expertise in epilepsy. Centers that identify as pediatric or treat both adults and children must have a board-certified pediatric neurologist with expertise in epilepsy. Expertise in epilepsy is defined in the following ways: completion of the ABPN epilepsy board certification; and/or at least two years of experience post-fellowship in an epilepsy center. Special competence in epilepsy or clinical neurophysiology are encouraged but not required. NAEC has an exemption policy allowing level 3 in rural and underserved areas to have only one epileptologist.

How many total epileptologists serve your center? ____

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

Epilepsy Fellowship: Yes__ No____

Two or more years of experience post-fellowship: Yes__ No____

Epileptologist 2_____ 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

Epilepsy Fellowship:____ Yes____ No

Two or more years of experience post-fellowship: Yes__ No____

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 or child neurologist [here](#):

Epileptologist 3_____ 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
Epilepsy Fellowship: Yes ____ No ____
Two or more years of experience post-fellowship: Yes ____ No ____

Neurosurgeons

Level 4 centers and level 3 centers that provide surgery must have at least one board-certified neurosurgeon with special expertise in epilepsy, defined as ABNS certification or equivalent and at least two years of experience post-fellowship. 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.

Name _____ Degree(s) _____
Majority of time spent with epilepsy center? Yes ____ No ____
Board Certified (ABNS Neurological Surgery) Yes ____ No ____
Two or more years of experience post-fellowship: Yes ____ No ____

The next ten questions are for research purposes and are in relation to the neurosurgeon listed above:

Number of years of experience performing epilepsy surgeries: _____
Did he/she do an epilepsy surgery fellowship? Yes ____ No ____
Did he/she do a stereotactic surgery fellowship? Yes ____ No ____
Total number of resective epilepsy surgeries performed in the last two years: _____
Total number of resective epilepsy surgeries performed in the last five years: _____
Total number of resective epilepsy surgeries performed since completion of training: _____
Total number of cases of intracranial electrodes placed in the last two years: _____
Total number of cases of intracranial electrodes placed in the last five: _____
Total number of cases of intracranial electrodes placed since completion of training: _____
If the neurosurgeon listed above is not ABNS certified, please describe how he/she has special expertise in epilepsy: _____

Neuropsychologist

Name _____ Degree(s) _____
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 at least access to 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) _____

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) _____

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

Phone number: _____

Outpatient clinic nurse/nurse practitioner/physician assistant:

Name _____ Degree(s) _____

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) _____

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) _____

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

Board Certification: _____

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 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:
<http://www.emucaring.org/>.

Name of physician who has completed EMU Caring: _____

Phone Number: _____

Email: _____

Name of technician or nurse who has completed EMU Caring: _____

Phone Number: _____

Email: _____

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: _____

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 2018 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: _____

Status of Center Annual Report

☐ Complete, ready for NAEC review

☐ Not complete, still working on it

Click SAVE

Please click SAVE to save your responses. You will still have the ability to access the annual report and edit your responses or add additional information if necessary.