

**MCLENNAN COMMUNITY COLLEGE**  
Electroneurodiagnostic/Polysomnography Program

**NEURODIAGNOSTIC/POLYSOMNOGRAPHIC OBSERVATION FORM**

**STUDENT NAME:** \_\_\_\_\_

The above named individual is applying for the Electroneurodiagnostic Polysomnography Program at McLennan Community College. One of the admission requirements is completion of a total of 8 hours of observation experience - to include 4 hours in Electroneurodiagnostics (EEG) and 4 hours in the sleep lab at night (PSG) **OR** observation of the END/PSG Video at MCC's END/PSG Classroom. Please complete the information requested below.

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The above named individual has completed **4** hours (one day) of observation in the EEG setting.

EEG Lab: \_\_\_\_\_

Name of Supervising Staff: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime telephone number

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The above named individual has completed **4** hours (at night) of observation in the Sleep Lab setting. (7p—11p)

Sleep Lab: \_\_\_\_\_

Name of Supervising Staff: \_\_\_\_\_

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime telephone number

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VIDEO (at MCC watched the END/PSG Video)

Date \_\_\_\_\_

Program Director \_\_\_\_\_

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Thank you for allowing these prospective END/PSG students to spend time in your facility.  
The END/PSG Program Faculty