



**2023 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
<b>EPILEPSY MONITORING UNIT – Core Criterion</b>		
<b>All NAEC Centers are required to have an EMU that includes:</b>		
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	
<b>EPILEPSY CENTER SERVICES</b>		
<b>1) Electrodiagnostic Services</b>		
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 2022. 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 3 cases from 2020 to 2022. Upload 3 reports from 2020 through 2022, including at least one report from 2022.
c) Access to Wada testing or functional neuroimaging	Not required	
d) Functional cortical mapping by stimulation of intracranial electrodes	Not required	
<b>2) Imaging Services</b>		
a) Magnetic resonance imaging (at least 1.5T)	Upload 1 report 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	

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c) Access to interictal PET or ictal/interictal SPECT by established arrangement or on site	Not required	
<b>3) Pharmacological Services:</b> Quality-assured anticonvulsant serum drug levels	Center Annual Report Response “Yes”	
<b>4) Neuropsychological/psychosocial services:</b> Comprehensive neuropsychological test batteries	Upload 1 report from 2022	
<b>5) Surgical Services</b>		
a) Any resective or ablative epilepsy surgery with goal of controlling seizures	Not required	Upload 1 operative report from 2022 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 and management of the vagus nerve stimulator or other neuromodulatory devices	Not required	Upload 1 report from 2022 if center performs service
<b>6) Rehabilitation Services (inpatient and outpatient):</b> Sufficient physical, occupational, and speech therapy	Center Annual Report Response “Yes”	
<b>PERSONNEL (Full or part-time individual accessible to center patients)</b>		
<b>1) Physicians – Core Criterion</b>		
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 and tracking toward certification	Not required	Upload CV
<b>2) Neuropsychologist</b>		
Upload CV		
<b>3) Psychosocial:</b> Access to a social worker		
Name and info listed in Center Annual Report		

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<b>PERSONNEL (Full or part-time individual accessible to center patients) (Continued)</b>		
<b>4) Nursing, Nurse Practitioner/Physician Assistant</b>		
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	
<b>5) EEG Technologist(s):</b> At least one technologist board-certified by ABRET	Name and info listed in Center Annual Report	
<b>6) Trained personnel dedicated 24/7 to monitoring video and EEG</b>	Name and info listed in Center Annual Report Upload certificate (if completed ASET’S LTM 100 course)	
<b>7) Neuroradiologist</b>	Name and info listed in Center Annual Report	
<b>SAFETY AND TREATMENT PROTOCOLS</b>		
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	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.	
11) 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.		
<b>CONTINUAL COMPLIANCE</b>		
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	



**2023 NAEC Accreditation Criteria for Level 4 Centers**

Epilepsy Center Criteria	Verification Method/Notes
<b>EPILEPSY MONITORING UNIT- Core Criterion</b>	
<b>All NAEC Centers are required to have an EMU that includes:</b>	
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
<b>EPILEPSY CENTER SERVICES</b>	
<b>1) Electrodiagnostic Services</b>	
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 2022. 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 3 cases from 2020 to 2022. Upload 3 reports from 2020 through 2022, including at least one report from 2022.
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”
<b>2) Imaging Services</b>	
a) Magnetic resonance imaging (at least 1.5T)	Upload 1 report 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 2022
<b>3) Pharmacological Services:</b> Quality-assured anticonvulsant serum drug levels	Center Annual Report Response “Yes”
<b>4) Neuropsychological/psychosocial services:</b> Comprehensive neuropsychological test batteries	Upload 1 report from 2022



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<b>Epilepsy Center Criteria</b>	<b>Verification Method/Notes</b>
<b>5) Surgical Services</b>	
a) Any resective or ablative epilepsy surgery with goal of controlling seizures	Upload 1 operative report from 2022 signed by the neurosurgeon listed in Center Annual Report
b) Placement of intracranial electrodes	Center Annual Report Response “Yes”
c) Implantation and management of the vagus nerve stimulator or other neuromodulatory devices	Upload 1 operative report from 2022
6) <b>Rehabilitation Services (inpatient and outpatient):</b> Sufficient physical, occupational, and speech therapy	Center Annual Report Response “Yes”
<b>PERSONNEL (Full or part-time individual accessible to center patients)</b>	
<b>1) Physicians - Core Criterion</b>	
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
<b>2) Neuropsychologist</b>	
Upload CV	
<b>3) Psychosocial:</b> Access to a social worker	
Name and info listed in Center Annual Report	
<b>4) Nursing/Nurse Practitioner/Physician Assistants</b>	
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
<b>5) EEG Technologist(s):</b> At least one technologist board-certified by ABRET	
Name and info listed in Center Annual Report	
<b>6) Trained personnel dedicated 24/7 to monitoring video and EEG</b>	
Name and info listed in Center Annual Report	
Upload certificate (if completed ASET’S LTM 100 course)	
<b>7) Neuroradiologist</b>	
Name and info listed in Center Annual Report	



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<b>SAFETY AND TREATMENT PROTOCOLS</b>	
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
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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”
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