



RNAS-C™ APPLICANT - PROCEDURE LOG

(50 cases per page. Make copies)

Applicant's Name:	Title:
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#	Pt	Date	Hrs	Procedure	Activity /RNFA at Surgery Behavior
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Administrator or surgeon's printed name: _____ Phone: _____

APPLICANT ATTESTS THAT HE/SHE HAS PERFORMED ASSISTING BEHAVIORS ON ALL THE CASES ABOVE (NASC MAY AUDIT).

Applicant's Printed Name: _____ Signature: _____ Date: _____