



American Board of Sleep Medicine

Sleep Technologist Registry Examination Application

PERSONAL INFORMATION

Name:

Gender: M F

Date of Birth (MM/DD/YYYY):

Mailing Address:

Home Telephone:

Work Telephone:

Email Address:

(You are responsible for updating the ABSM if your information changes.)

ELIGIBILITY STATUS

I am currently certified for Basic Cardiac Life Support

(All candidates must be certified - attach copy of unexpired card as *Attachment A*)

CHOOSE ONE OF THE FOLLOWING ELIGIBILITY PATHWAYS:

Certificate or Associate's Degree Program (Pathway A) – Choose **ONE** of the following **AND** attach copy of certificate as *Attachment B*:

- CoA PSG Program
 - CoA END with PSG Add-on Program
 - CoARC with PSG Add-on Program
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A-STEP Program (Pathway B) – Endorse **ALL** of the following **AND** attach evidence of completion as *Attachment B*:

- High School Diploma
 - Successful completion of an 80-hour A-STEP Introductory Course
 - Successful completion of the 23 A-STEP Online Self-Study Modules
 - Successful completion of 50 overnight sleep studies including 20 with continuous positive airway pressure and at least one MSLT within the last 6 months to 3 years (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Center)
 - Successful completion of the ABSM sleep scoring proficiency examination (attach certificate) **or** by meeting threshold in the inter-scorer reliability program of an AASM-accredited sleep disorders center for a minimum of 2 months
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Other Health Professional (Pathway C) – Endorse **ALL** of the following **AND** attach evidence of completion as *Attachment B*:

- Health professional credential: _____ (acceptable credentials are MD, DO, PhD, PsyD, PA, NP, RN, LPN, CRT, RRT, R.EEG T., R.EP T. or EMT-P)
 - Successful completion of 25 overnight sleep studies including 10 with continuous positive airway pressure and at least one MSLT within the last 3 months to 2 years (with verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Center)
 - Successful completion of the inter-scorer reliability requirement either through successful completion of the ABSM sleep scoring proficiency examination (attach certificate) **or** by meeting threshold in the inter-scorer reliability program of an AASM-accredited sleep disorders center for a minimum of 2 months (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Center)
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RPSGT Credential (Pathway D) – Endorse **ALL** of the following **AND** attach evidence of completion as *Attachment B*:

- High School Diploma
- RPSGT credential (attach copy as *Attachment B*)

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- **On-the-Job Training in an AASM-Accredited Sleep Facility (Pathway E)** – Endorse **ALL** of the following **AND** attach evidence of completion as *Attachment B*:
 - High School Diploma
 - Successful completion of the 23 A-STEP Online Self-Study Modules
 - Employment in an AASM-accredited sleep facility for at least one year (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Facility).
 - Evidence that the candidate is knowledgeable in all of the topics addressed in the A-STEP Introductory Course (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Facility). The topics addressed in the A-STEP Introductory Course can be found at <https://www.aasmnet.org/astep/pdf/ASTEPSyllabus.pdf>.
 - Successful completion of the ABSM sleep scoring proficiency examination (attach certificate) or by meeting threshold in the inter-scorer reliability program of an AASM-accredited sleep disorders facility for a minimum of 2 months (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Facility).

ATTESTATION

*I hereby declare that I have read and will adhere to the Examination Handbook.
I hereby declare that all information contained in this application and all documentation submitted with or in support of the application are true. I understand and agree that any misrepresentation of said facts will result in automatic disqualification to sit for the examination or revocation of the certification obtained.*

Signature: _____ Date: ____ - ____ - ____

APPLICATION FEE - \$250.00

Method of Payment (Check one)

Check made payable to the AASM (U.S. funds drawn on a U.S. bank)

Credit Card: VISA MasterCard American Express

Card # _____

Exp. Date: _____ Validation Code** : _____

Cardholder's Name: _____

Billing Address: _____

Signature: _____

Date: _____

**For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.

SEND ALL MATERIALS (THIS APPLICATION, ATTACHMENTS and PAYMENT) TO:

The American Board of Sleep Medicine
2510 N. Frontage Road
Darien, IL 60561-1511
Fax: 630.737.9790 (credit card payments only)
Email: absm@absm.org

Attachment B:
Verification of Clinical Experience

This form is required for verification of clinical experience and/or inter-scorer reliability requirement by a candidate for an American Board of Sleep Medicine Examination. **A candidate may not verify his or her own experience.**

CANDIDATE NAME:

For candidates applying under the A-STEP pathway (B): I hereby verify that the above-named candidate has successfully performed a minimum of 50 overnight sleep studies including 20 with continuous positive airway pressure and at least one MSLT.

These studies were performed between (MM/DD/YYYY):

_____ and _____

For candidates applying under the Other Health Professional pathway (C): I hereby verify that the above-named candidate has successfully performed a minimum of 25 overnight sleep studies including 10 with continuous positive airway pressure and at least one MSLT.

These studies were performed between (MM/DD/YYYY):

_____ and _____

For candidates applying under the On-the-Job Training pathway (E): I hereby verify that the above-named candidate has been employed by the sleep facility for at least one year and is competent in the areas shown on the A-STEP Introductory Course sample syllabus at <https://www.aasmnet.org/astep/pdf/ASTEPSyllabus.pdf>.

The candidate has been employed at the sleep facility since (MM/DD/YYYY):

For A-STEP, Other Health Professional pathways, or On-the-Job Training pathways (B, C, or E): I hereby verify that the above-named candidate has successfully completed 2 or 3 months of an inter-scorer reliability program meeting threshold for agreement with a gold standard scorer as defined by AASM Accreditation Standard F-9.

The inter-scorer reliability program was performed between (MM/DD/YYYY):

_____ and _____

Certifying Individual:

*I am a **Board Certified Sleep Specialist** or **Medical Director** of an AASM-accredited sleep disorders center and I hereby certify that I have personal knowledge that this candidate has completed the requirements as indicated above.*

Printed Name:

Degree:

Signature:

Date:

ABSM/ABMS Certificate or AASM-accredited Sleep Center Number:
