



American Board of Sleep Medicine

Sleep Technologist Registry Examination Application

Revised: December 2017

Personal Information (Required)

Name: (Last)		(First)	(Middle)
Gender: <input type="radio"/> Male <input type="radio"/> Female		DOB: (MM/DD/YYYY)	
Address:		City:	
State:	Zip:	Work Phone:	
Cell Phone:		Email:	
(You are responsible for updating the ABSM if your information changes.)			

Eligibility Status

<input type="radio"/> I am currently certified for Basic Cardiac Life Support
(All candidates must be certified - attach copy of unexpired card as Attachment A)

Eligibility Pathways (choose one of the following eligibility pathways below)

<input type="radio"/> Certificate or Associate's Degree Program (Pathway A):
Choose ONE of the following and attach copy of certificate as Attachment B:
<input type="radio"/> CoA PSG Program <input type="radio"/> CoA END with PSG Add-on Program <input type="radio"/> CoARC with PSG Add-on Program
<input type="radio"/> A-STEP Program (Pathway B)
Endorse ALL of the following and attach evidence of completion as Attachment B:
<input type="radio"/> High School Diploma <input type="radio"/> Successful completion of the 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program <input type="radio"/> Successful completion of the full series of online A-STEP modules <input type="radio"/> 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) <input type="radio"/> 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 3 months

Elegibility Pathways (choose one of the following eligibility pathways below)

○ 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 3 months (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Center)

○ RPSGT Credential (Pathway D)

Endorse ALL of the following and attach evidence of completion as Attachment B:

- High School Diploma
- RPSGT credential

○ 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 full series of online A-STEP 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 **80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program** (with written verification by a Board Certified Sleep Specialist or Medical Director of an AASM-accredited Sleep Disorders Facility). The topics addressed in the 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program can be found at <https://astep.aasm.org/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 3 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: _____

Method of Payment (Please check one box below. Purchase orders are not accepted as payment of membership dues.)

<input type="radio"/> Check payable to the AASM (U.S. funds drawn on a U.S. bank)		Total: \$
<input type="radio"/> Credit card: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover		
Card Number:	Exp. Date:	Validation Code*:
Billing Address:		
City:	State:	Zip/Postal Code:
Cardholders Name:		
Signature:		
<small>*For a VISA , MasterCard and Discover, the validation code is the last 3 number in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card.</small>		

**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 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program ([sample syllabus](#))

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

_____ and _____

- 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 3 months of an inter-scorer reliability program meeting threshold for agreement with a gold standard scorer as defined by AASM Accreditation Standard F-7

- 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: