BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

RPSGT Recertification Application

RPSGT™
Registered Polysomnographic Technologist

RPSGT: RESPECTED WORLDWIDE AS THE LEADING CREDENTIAL FOR POLYSOMNOGRAPHIC TECHNOLOGISTS
1420 New York Avenue, NW, 5th Floor, Washington, DC 20005
P: (202) 868-6747 | F: (202) 747-2933 | www.brpt.org

Please be sure to read the BRPT Recertification Guidelines located at www.brpt.org prior to completing your Recertification Application.

BRPT-Only

Initial Receipt _____

Subsequent Receipt _____

ID# _____

CONTACT INFORMATION

Prefix: _____ First Name: _____ Last Name: _____ Middle Initial:____

Suffix: _____ Credential #: _____

Address 1: _____

Address 2: _____ City: _____ State: _____

Province (if not US/Canada): _____ Zip/Postal Code: _____

Country: _____ Email:_____DOB: _____

Primary Phone Number: _____

SECONDARY CONTACT INFORMATION

Business/Hospital/Lab: _____

Address 1: _____

Address 2: _____ City: _____ State: _____

Province (if not US/Canada): _____ Zip/Postal Code: _____

Country: _____

Secondary Phone Number: _____

CPR/BLS CERTIFICATION

Issue Date: _____ Expiration Date: _____

NOTE: A COPY OF YOUR CPR/BLS CARD MUST BE SUBMITTED. YOUR CPR/BLS CERTIFICATION MUST BE VALID IN ORDER TO RECERTIFY.

ONLINE CPR CERTIFICATIONS ARE NOT ACCEPTED.

Please select your Recertification Option. Along with your completed application, be sure to submit ALL required documents listed in the Recertifiation Option that you have selected.

☐ OPTION 1: I am recertifying before my official recertification date

This means you are recertifying on time before your official recertification date.

- ☐ $150 Recertification Fee
- ☐ $100 for BRPT to enter your credits for you (optional, please note, if this box is not selected, and the BRPT is still required to enter your credits for you, $100.00 will be added to your total amount due)
- ☐ Complete the Recertification Standards of Conduct Page & Background Check Page
- ☐ Submit copies of 50 Continuing Education Credits earned during your current 5 year cycle (if you have not already entered them into the Portal)
- ☐ Submit copy of valid live/skills CPR/BLS certification

☐ OPTION 2: I am past my recertification date and less than 90 days expired

This means you are recertifying after your recertification date and it has been less than 90 days, and you need to apply for Reinstatement.

- ☐ **Must pay:**
  $150 Recertification Fee
  $250 Re-instatement Fee
- ☐ $100 for BRPT to enter your credits for you (optional, please note, if this box is not selected, and the BRPT is still required to enter your credits for you, $100.00 will be added to your total amount due)
- ☐ *$200 One-time Extension Of Credits Fee (if applicable, see below)
- ☐ Comlete the Recertification Standards of Conduct on page & Background Check page
- ☐ Submit copies of 50 Continuing Education Credits earned during your last active 5 year cycle, if you haven't already entered them into the Portal.
- ☐ Submit copy of valid live/skills CPR/BLS certification card

**If you wish to use credits earned after your credential expiration date, you must pay the $200 one time Extension of Credits fee to do so.*

☐ OPTION 3: I am more than 90 days past my recertification date but less than a year

This means you are more than 90 days past your recertification date but less than a year.
You are required to take and pass the RPSGT exam and your credential number will remain the same. You are also required to pay the Recertification Fee and the Reinstatement fee. CEC credits are not required.

- ☐ **Must pay:**
  $150 Recertification Fee
  $250 Re-instatement Fee
  $450 RPSGT Exam Fee
- ☐ Complete the Recertification Standards of Conduct, Background Check and the Exam Standards of Conduct Pages.
- ☐ Submit copy of valid live/skills CPR/BLS certification card

☐ OPTION 4: I am recertifying before my official recertification date and I would like to recertify by testing in place of submitting 50 Continuing Education Credits

This means you are recertifying before your expire and would like to recertify by retaking the exam in place of submitting 50 Continuing Education Credits. This option is only available to you if your credential has not yet expired. Please note that your credential will be inactive as of your expiration date, until you pass the exam within your approval window, unless you take and pass it before your credential expires.

- ☐ **Must pay:**
  $150 Recertification Fee
  $450 RPSGT Exam Fee
- ☐ Complete the Recertification Standards of Conduct, Background Check and the Exam Standards of Conduct Pages.
- ☐ Submit copy of valid live/skills CPR/BLS certification card

☐ OPTION 5: I do not have enough credits and need to earn them after my expiration date (Extension of Credits Fee)

This means you need more time to earn the required number of CEC's (50.00). This does NOT keep your credential active. If applying through Option 2, you must reinstate within 90 exact days of your expiration date.

- ☐ Must pay $200 Extension Of Credits Fee
- ☐ I understand that the one-time Extension Of Credits does not keep my credential active and that I must still reinstate it by one of the methods above. I understand that if I'm applying through Option 2 and do not reinstate within 90 days of my expiration date, my credential will remain inactive until I retake and pass the RPSGT exam.

☐ OPTION 6: I am more than 1 year expired, but less than 5 years expired.

This means your credential has been expired for over 1 year, but less than 5 years, and you are required to retake and pass the exam again as well as supply CEC's. Once passed, you will keep your original certification #. If you are more than 5 years expired, you are considered a New Candidate, and are required to submit a New Candidate application. You will not keep your original certification #.

- ☐ Must pay $450 Exam Fee
- ☐ Must pay $200 Extension of Credits Fee (if applicable)
- ☐ $100 for BRPT to enter your credits for you (optional, please note, if this box is not selected, and the BRPT is still required to enter your credits for you, $100.00 will be added to your total amount due)
- ☐ Sign the Recertification Standards of Conduct, Background Check and the Exam Standards of Conduct Pages
- ☐ Submit copies of 50 Continuing Education Credits earned during your last active 5 year cycle, if they haven't already been entered into the Portal
- ☐ Submit copy of valid live/skills CPR/BLS certification card

All Recertification Applications can take up to 15 business days for processing.

PAYMENT INFORMATION

Please check one of the following

☐ Cashier's Check or Money Order (payable to BRPT, we do not accept personal checks)

☐ Credit Card ○ Visa ○ Master Card ○ American Express

Credit Card Number: _____ Exp. Date: _____ CVV Code: _____

_____

Signature of Card Holder Print Name of Cardholder

Billing Address _____

The Examination Fee for the RPGST Exam will be collected by The BRPT.
By signing, I authorize the BRPT to charge my credit card any applicable fees.

Recertification Standards of Conduct (Signature required for all Options)

I hereby attest that I have submitted at least 50 Continuing Education Credits and that these credits meet the guidelines put forth by the BRPT, or that I am taking the RPSGT Exam solely for the purposes of recertification. I further attest that I have fully read and understood the BRPT's RPSGT Recertification Guidelines.

By signing this application, I authorize the BRPT to obtain background information necessary to verify the accuracy and I understand that the BRPT may audit recertification applications to verify experience, education or criminal history either prior to or after application is submitted, or renewal of credential is granted. I agree to cooperate with such audit and further understand that providing false information for continuing education or verification of experience, or having others do so is a violation of the BRPT Standards of Conduct and may result in disciplinary sanctions.

I hereby certify that I have read all portions of this application and believe myself to be in compliance with all admission policies related to RPSGT recertification. The information I submit on this application and any documents I have enclosed, or any information submitted online, are complete, true and correct to the best of my knowledge and belief. I agree to immediately inform the BRPT of all changes to the information included in this application while I am an applicant, and for as long as I am certified by the BRPT. I understand that if the information I have submitted is found to be incomplete or inaccurate, if false information is being provided, or if I fail to respond to authorized requests from the BRPT regarding additional information, I may be subject to disciplinary action, including but not limited to, rejection of my application, loss of application fees, disciplinary sanctions, and/or suspension or revocation of my RPSGT credential.

I hereby attest that I am submitting this application solely for the purpose of RPSGT recertification. I further understand that I am prohibited from submitting false information regarding continuing education, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me.

I agree to be bound by the policies and procedures and Standards of Conduct promulgated by the BRPT. I understand and agree that my failure to abide by the BRPT's policies and procedures and Standards of Practice shall constitute grounds for rejection of my application or denial or revocation of my certification. By executing this application, I give the BRPT and its employees, agents and contractors permission to contact me by US mail, electronic mail, facsimile or through other media on matters which the BRPT believes may be of interest to me. I understand that at anytime I wish to not be listed in the BRPT online registry, or to continue to be included in the BRPT electronic mailing list, that I should send an email request stating such to info@brpt.org or fax/mail the request to the BRPT office.

_____

Signature

_____

Name (Please Print) Date

Effective January 1, 2020: The following Background Check portion of this application will be a requirement for all renewal applications, including credential holders who are not retaking the exam to recertify.

Background Check (Only required if applying through Option 3, 4 or 6)

BRPT Credential Holders provide care that includes therapeutic contact with a variety of patients, including children and the elderly. This care may be of an intimate physical nature, and performed in settings which are isolated and under minimal supervision. BRPT Credential Holders are placed in a position of public trust. In order to protect the public, the BRPT may perform a criminal history background check and/or deny an application based on the commission of certain serious offenses.

Answers to the following questions are mandatory. Failure to respond to each question will result in the application being returned. Failure to provide accurate, true and correct information shall constitute grounds for rejection of your application, or revocation of the BRPT credential.

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? Please include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. For the purposes of this question, driving under the influence and driving while impaired are not considered minor traffic offenses.

○ Yes ○ No ○ Yes, but I have already submitted the required supporting documentation with a past exam application.

Are you now or have you ever been a defendant in a civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, lack of professional competence, or sexual misconduct?

○ Yes ○ No ○ Yes, but I have already submitted the required supporting documentation with a past exam application.

Has any licensing, certifying, professional or disciplinary authority refused to issue a license or certification or ever revoked, annulled, cancelled, suspended, placed on probation or refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

○ Yes ○ No ○ Yes, but I have already submitted the required supporting documentation with a past exam application.

Have you ever voluntarily surrendered a license or certificate in order to avoid disciplinary action by a licensing or certification authority?

○ Yes ○ No ○ Yes, but I have already submitted the required supporting documentation with a past exam application.

Is there a complaint currently pending against you or your professional conduct or competence, in any state or jurisdiction, or with any licensing, certification agency or professional society?

○ Yes ○ No ○ Yes, but I have already submitted the required supporting documentation with a past exam application.

If you answered "YES" to any of the above questions, you must submit the following before your application will be considered complete. Failure to provide such documentation will result in your application being rejected.

A complete written explanation of the circumstances surrounding the proceedings, including a narrative describing:

- Where the incident occurred
- The date the incident occurred
- The outcome of the proceedings
- Any penalty/sentence associated with the incident

Copies of court and other official documentation that all penalties and/or court-ordered obligations have been fulfilled.

- Court Documents - particularly documentation showing that your sentence has been completed
- Official Documents - documents from any credentialing/administrative/legislative body that detail the incident and state that your obligations have been met

Receipts for payment of any fees

- Proof that probation and/or parole has been completed
- Proof that any classes or community service has been fulfilled.
- If candidates cannot access these documents, they may submit the results of a private background check, the scope of which must cover the date of the incident/incidences. Alternatively, they may request a notarized letter from the clerk of the court stating that all legal and financial obligations have been met, or a similar letter from the credentialing/professional agency stating that they are in good standing.

The more complete the information provided, the less time needed to review your eligibility status. Missing or incomplete information will delay the processing of your application. All information submitted in accordance with this section shall remain confidential, except that it may be disclosed to the BRPT staff, the Application Review Committee and BRPT legal counsel for processing, and, when necessary, the BRPT Board of Directors. If the BRPT deems necessary to perform a criminal background check, you will be notified to provide your consent and pay the fee of $50.

Exam Standards of Conduct (Required for Options 3 & 4)

This section should only be completed if you are re-taking the RPSGT exam.

Please read, sign and date the statement below:

Supplemental information, including but not limited to, information relating to experience and education, may be required of the applicant prior to or after the examination date.

By signing this application, I authorize the BRPT to obtain background information necessary to verify the accuracy and completeness of my responses to all questions contained herein. Further, I grant my permission to and direct any employer or educational institution to provide the BRPT with any information in their possession related to my employment, education or both.

I understand that the BRPT may audit candidate applications to verify experience, education or criminal history either prior to or after an examination is taken, or after the results are announced. I agree to cooperate with such audit and further understand that providing false information for verification of experience or education or having others do so is a violation of the BRPT Standards of Conduct and may result in disciplinary sanctions.

I hereby certify that I have read all portions of this application and believe myself to be in compliance with all admission policies related to the BRPT examination. The information I submit on this application and any documents I have enclosed are complete, true and correct to the best of my knowledge and belief. I agree to immediately inform the BRPT of all changes to the information included in this application while I am an applicant, and for as long as I am certified by the BRPT. I understand that if the information I have submitted is found to be incomplete or inaccurate, if false information is being provided, or if I fail to respond to authorized requests from the BRPT regarding additional information, I may be subject to disciplinary action, including but not limited to, rejection of my examination, loss of application fees, disciplinary sanctions, and/or suspension or revocation of my RPSGT credential.

I hereby attest that I am taking this examination solely for the purpose of certification. I further understand that I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me.

I agree to be bound by the policies and procedures and Standards of Conduct promulgated by the BRPT. I understand and agree that my failure to abide by the BRPT's policies and procedures and Standards of Practice shall constitute grounds for rejection of my application or denial or revocation of my certification. By executing this application, I give the BRPT and its employees, agents and contractors permission to contact me by US mail, electronic mail, facsimile or through other media on matters which the BRPT believes may be of interest to me. I understand that at anytime I wish to not be listed in the BRPT online registry, or to continue to be included in the BRPT electronic mailing list, that I should send an email request stating such to info@brpt.org or fax/mail the request to the BRPT office.

Signature _____

Name and Date _____