

BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS



CERTIFICATE EXAMINATION FOR POLYSOMNOGRAPHIC TECHNICIANS

CCSH Exam Application

Re-Applying Candidates

Board of Registered Polysomnographic Technologists

(BRPT)

4201 Wilson Blvd

Third Floor

Arlington, VA 22203

P: (800) 935-8115 F: (703) 940-7227

www.brpt.orc





Name and Eligibility

Salutation: Mr. Ms. Ms. Mrs.

Name

(Please write your name as it appears on your forms of identification that you intend to use at the testing center.)

BRPT-Only
Initial Receipt
Subsequent Receipt
ID#
M.I
Suffix

Home Address

Last Name _

Formal First Name ___

Street 1		
Street 2		
City	Sta	ate/CAN Province

Zip/Fostai	 Frovince/Region	
C		

Primary Information

Phone	Email	
1 110116	 Lillali	

Please attach a copy of current BLS/CPR certification card	Start Date	Fnd Date	

ADA

Do you require ADA Accommodations?

_		
O Yes	O No	My ADA Accommodations were already approved.
100	- 140	wiy her hecommodations were already approved.

If checked "Yes", please submit required paperwork located at the bottom of the CCSH Candidate Handbook.

RPSGT Credential

Do you currently hold the RPSGT (Registered Polysomnographic Technologist) credential?

			N 1
\cup	Yes	\cup	No





Pay	/m	ent

The CCSH Exam Fee is \$450 USD. Candidates whose applications have I subject to an additional \$50 fee. Please see the Instructions and Candidate I		
\$100 No Show Fee \$50 Returned Application Fee \$50 Returned Application Fee \$150 Expedited Application Fee: I very reviewed with 1-3 business days. To approval to test. Approval to test is	his fee is non-refundab	le and does not guarantee an
Payment Method		
O Paid Online		
O Cashier's Check/Money Order Please make cashier's checks / money orders	out to the BRPT.	
NO PERSONAL CHECKS!		
Credit/Debit Card: Visa Amex Master Card		
Card Number	Exp	CVV Code
Name on CardBilling Address		
Card Holder's Signature		
The Examination Fee for the CCSH Exam will be collected by The BRPT. By app	olying, the candidate auti	horizes The BRPT to charge
their credit/debit card and receive any applicable fee(s).		





Background Check

BRPT Credential Holders provides 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 is 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 RRPT 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. 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 O 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 O 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 currently pending against you, in any state or jurisdiction, or with any licensing, certification agency or professional society, a complaint against your professional conduct or competence? Yes, but I have already submitted the required supporting documentation with a past exam application.

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

If you answered "YES" to any of the above questions, you must submit the following before your application will be considered

- » 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

complete. Failure to provide such documentation will result in your application being rejected.

» 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. European Union residents are advised to check applicable criminal record restrictions as mandated by GDPR





Standards of Conduct

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. The information the BRPT is requesting is necessary for us to process the application you are submitting. To learn more about our privacy policies, how we process your data, and your rights, please visit our Privacy Policy: https://www.brpt.org/about/brpt-privacy-policy/

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

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	Data			



The Board of Registered Polysomnographic Technologists (BRPT)

4201 Wilson Blvd, 3rd Floor, Arlington, VA 22203 P: (800)935-8115 F: (703)940-7227

Email: info@brpt.org • Website: www.brpt.org





Confidentiality And Non Disclosure Agreement

Candidates are required to read and agree to a Confidentiality and Nondisclosure Agreement (NDA) on the computer screen prior to starting the exam. The test proctor **does not** inform the candidate of the Non Disclosure Agreement at the beginning of testing. The NDA appears on the computer screen when the test begins. *Candidates have 3 minutes to read and agree to the NDA or the testing session is immediately terminated.* If the exam is terminated the candidate is considered a no-show candidate. They may reschedule the exam up to one year from the date of the initial payment by contacting BRPT and paying a \$100 no-show fee. The candidate does not have an option to reschedule the exam for the same day. Candidates are encouraged to become familiar with the Confidentiality and Nondisclosure Agreement below so they are ready to accept it when it appears at the beginning of the exam.

BRPT CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

All candidates will be governed by the policies current at the time of their application for the exam unless otherwise informed by BRPT. Eligibility for and or possession of the CCSH may be suspended or revoked for any of the following:

- · Obtaining or attempting to obtain credentialing by fraud, deception or artifice.
- Knowingly assisting another person or other persons in obtaining, or attempting to obtain credentialing by fraud, deception or artifice.
- · Illegal use of a CCSH certificate or falsification of credentials.
- · Unauthorized possession and/or distribution of any official testing or examination materials.
- · Violation of the BRPT Standards of Conduct.

The BRPT has trademarked both in the USA and internationally the following marks:

- BRPT
- CCSH
- · Certification in Clinical Sleep Health
- Board of Registered Polysomnographic Technologists

All test materials and all publications of the BRPT both printed and electronic are copyrighted. These trademarks and copyrights are protected under US and International law and any unauthorized use of these marks or copyrights are prohibited and violations are subject to prosecution under the applicable laws. In order to use any of these marks or portions of these materials, individuals or organizations must obtain prior approval in writing from the BRPT office.



The Board of Registered Polysomnographic Technologists (BRPT)

4201 Wilson Blvd, 3rd Floor, Arlington, VA 22203
P: (800) 935-8115 F: (703) 940-7227
Email: info@brpt.org • Website: www.brpt.org