



BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

# CCSH Recertification Application



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



Please be sure to read the BRPT Recertification Guidelines located at [www.brpt.org](http://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: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

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

## **IMPORTANT ANNOUNCEMENTS REGARDING CONTINUING EDUCATION CREDITS:**

### **Proof of CECs Earned: Effective October 1, 2024**

Effective October 1, 2024, credential holders will now be required to show proof of all CECs earned by uploading supporting documentation – certificate of attendance demonstrating credits earned – into the recertification portal.

### **Using Inter Scorer Reliability Credits For Recertification: Effective January 1, 2025**

Recertifying RPSGT and CCSH credential holders will no longer be permitted to use ISR CECs for all required 50 continuing education credits. Beginning January 1, 2025, credential holders will be permitted to use a maximum of 35 ISR credits per recertification cycle.

Recertification, the process through which sleep health specialists retain their credential, is a critical component to promoting and demonstrating continued competency in the sleep health technology profession. Limiting ISR credits to 35 per recertification cycle will ensure that credential holders are obtaining a variety of continuing education credits, thereby demonstrating they're accomplished professionals committed to developing their skills, staying on top of industry changes and trends, while furthering their knowledge.



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

**EXPEDITED APPLICATION FEE:** I wish to pay the additional \$150 rush application fee to have my application *reviewed* within 1-3 *business* days. This fee is non-refundable and does not guarantee the finalization of my recertification. \*Please note you may only select this option if you have entered your credits into the Portal yourself.

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

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

\$250 Recertification Fee

\$200 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, \$200.00 will be added to your total amount due)

Sign 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 haven't already entered them into the Portal.

Submit copy of valid CPR/BLS certification

**OPTION 2: I am past my recertification date but less than 90 days expired**

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

**Must pay:**

\$250 Recertification Fee

\$250 Re-instatement Fee

\$200 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, \$200.00 will be added to your total amount due)

\*\$200 One-time Extension Of Credits Fee (if applicable, see below)

Sign the Recertification Standards of Conduct 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 CPR/BLS certification

\*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 CCSH 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:**

\$250 Recertification Fee

\$250 Re-instatement Fee

\$550 CCSH Exam Fee

**Retesting - Must Pay:**

\$550 CCSH Exam Fee

Complete the Recertification Standards of Conduct, Background Check and the Exam Standards of Conduct Pages.

Submit copy of valid CPR/BLS certification

**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:**

\$250 Recertification Fee  
\$550 CCSH Exam Fee

**Retesting - Must Pay:**  
\$550 CCSH Exam Fee

- Complete the Recertification Standards of Conduct, Background Check and the Exam Standards of Conduct Pages.
- Submit copy of valid CPR/BLS certification

**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 CCSH 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 \$550 Exam Fee
- Must pay \$200 Extension of Credits Fee (if applicable)
- \$200 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, \$200.00 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 CPR/BLS certification

**Retesting - Must Pay:**  
\$550 CCSH Exam Fee

All Recertification Applications take 15 business days for processing. If you have paid the processing fee to have the BRPT enter credits for you, the processing time may be longer.



## 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 CCSH Exam will be collected by Association Management Group.  
 By signing, I authorise Association Management Group 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 CCSH Exam solely for the purposes of recertification. I further attest that I have fully read and understood the BRPT's CCSH 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 CCSH 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 CCSH credential.

I hereby attest that I am submitting this application solely for the purpose of CCSH 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

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 CCSH 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 CCSH 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 \_\_\_\_\_