

SLEEP TECHNOLOGY APPROVED RESOURCE PROGRAM STAR APPLICATION

IMPORTANT CHANGES TO STAR PROGRAM EFFECTIVE 2020

In an effort to assess the efficacy of STAR-designated education programs, the BRPT will implement a two-tiered checks and balances system beginning in 2020.

First, all existing STAR programs will be required to submit an annual report that outlines the following:

1. Number of completers.
2. Number of completers who took the CCSH / RPSGT / CPSGT exams.
3. CCSH / RPSGT / CPSGT pass rates for exam takers.
4. Job placement statistics.
5. Completer satisfaction survey results.
6. Personnel changes.
7. Curriculum / competency changes.

The first annual report is due **January 31, 2020**. If you need a one-time extension until July 1, 2020 in order to collect the required statistics, you may submit a request for one to STAR@brpt.org no later than January 30, 2020.

Then, in 2021, the BRPT will implement a 5-year renewal process for all STAR-designated education programs. In addition to the annual report, a nominal annual fee to cover administrative costs will be required. More details will be forthcoming.



SLEEP TECHNOLOGY APPROVED RESOURCE PROGRAM STAR APPLICATION

Date of Application: _____

Name of Education Program: _____

Program Contact: _____ E-Mail Address: _____

Program Address: _____

City, State, Zip: _____ Country: _____

TYPE OF STAR DESIGNATION BEING REQUESTED

SELF-STUDY Program consists of organized, self-paced, education tracts that are usually text book or computer-based.

EDUCATION LEVEL

CCOSH

How long has the program been in existence? _____ Anticipated number of students per year? _____

THE FOLLOWING ATTACHMENTS MUST BE SUBMITTED ALONG WITH THE APPLICATION:

Included

- | | |
|--|---|
| <input type="checkbox"/> A. Course Brochure/Advertisement | <input type="checkbox"/> E. Sample Program Evaluation |
| <input type="checkbox"/> B. Program Curriculum | <input type="checkbox"/> F. Program Director Curriculum Vitae |
| <input type="checkbox"/> C. 3 Sample Examinations | <input type="checkbox"/> G. List of Key Faculty and Their Credentials |
| <input type="checkbox"/> D. Sample Certificate of Completion | |

SECTION A: PROGRAM COMPLIANCE

1. Does the program use instructors and course developers who are credentialed in sleep technology and/or sleep medicine, respiratory care, neurodiagnostics, or their specialty fields? Briefly explain.

Yes No

2. Does the program provide an examination at the completion of each topic or program to assess the student's knowledge and understanding of the materials presented? Briefly explain.

Yes No

3. Is the program content and information based on current references and textbooks? Briefly explain.

Yes No

4. Does the program provide education and instructional methods in accordance with industry standards? Briefly explain.

Yes No

5. Does the program provide a certificate to document a student's successful completion of each education module and/or the entire program? Briefly explain.

Yes No



SECTION B: BASIC EDUCATION CONTENT

Indicate the Basic Education content included in your Program. Identify corresponding Course, Module, or Chapter Title(s).
FOCUSED 2 APPLICANTS DO NOT COMPLETE THIS SECTION.

YES	BASIC EDUCATION CONTENT	CORRESPONDING COURSE OR MODULE(S)	CONTACT HOURS
<input type="checkbox"/>	<p>Normal sleep architecture, quantity and quality over the lifespan Suggested topics include sleep architecture criteria for adult, geriatric, pediatric, and infant patient populations.</p>		
<input type="checkbox"/>	<p>Factors contributing to variations in normal sleep Suggested topics include medication and gender effects/impact on sleep.</p>		
<input type="checkbox"/>	<p>Pathophysiology, epidemiology, and clinical presentation of abnormal sleep Suggested topics include sleep disorder terminology, incidence and prevalence of sleep disorders, differentiate chronic vs. temporary sleep disturbances, short and long-term effects of sleep disruption/deprivation, and pathophysiological effects on sleep (cardiopulmonary disorders, depression, chronic pain, and other medical conditions).</p>		
<input type="checkbox"/>	<p>Sleep disorder clinical presentation criteria Suggested topics include sleep disordered breathing, insomnia, circadian rhythm disorders, hypersomnias, parasomnias, and movement disorders.</p>		
<input type="checkbox"/>	<p>Sleep and medical history Suggested topics include the impact of sleep on quality of life, recognizing health changes (physical appearance, weight, medications, and recent hospitalization and surgeries), signs and symptoms of disease progression, exacerbation, and improvement.</p>		
<input type="checkbox"/>	<p>Impact of co-morbid conditions Suggested topics include how sleep disorders affect co-morbid conditions and how co-morbid conditions affect sleep disorders.</p>		
<input type="checkbox"/>	<p>Questionnaires and surveys Suggested topics include Epworth Sleepiness Scale, Berlin Questionnaire, Functional Outcomes of Sleep Questionnaire, sleep diaries, STOP BANG, and other measures.</p>		

YES	BASIC EDUCATION CONTENT	CORRESPONDING COURSE OR MODULE(S)	CONTACT HOURS
<input type="checkbox"/>	<p>Diagnostic testing and indications Suggested topics include criteria, eligibility, and reimbursement for in-lab PSG, HST, MSLT, MWT, actigraphy, and other procedures.</p>		
<input type="checkbox"/>	<p>Evaluation of treatment/therapy Suggested topics include adherence/compliance, barriers to success, side-effects of treatment/therapy, PAP modes of therapy, oral appliance therapy, positional therapy, surgical options for sleep disordered breathing, cognitive behavioral therapy, light therapy, chronotherapy, individualized patient care plans, chronic disease model, and clinical guidelines for patient care plans.</p>		
<input type="checkbox"/>	<p>Patient and family education Suggested topics include responding to questions, recognizing the importance of diversity, evaluating readiness to learn at an age-appropriate level, adapting interactions to patient and family learning styles, and encouraging and promoting patient self-assessment and self-management.</p>		
<input type="checkbox"/>	<p>Sleep hygiene Suggested topics include lifestyle, environmental, and cultural impact on sleep.</p>		
<input type="checkbox"/>	<p>Collaborative sleep programs Suggested topics include developing and expanding inpatient/outpatient and occupational health/wellness sleep programs, and marketing sleep center services and educating staff/clinicians/ healthcare providers/ administrators.</p>		
<input type="checkbox"/>	<p>Performance improvement and quality Suggested topics include auditing charts and tracking outcomes.</p>		
<input type="checkbox"/>	<p>Sleep disorders as a public health issue Suggested topics include the impact of sleep disorders on society, the influence and impact of public health policy, and how to raise sleep disorder awareness in the community through outreach.</p>		

SECTION C: ADDITIONAL COMMENTS

Submit completed application and supporting documents electronically to STAR@BRPT.org

Allow up to 45 days for program review.

Send questions regarding the application or approval to STAR@BRPT.org

Program Director: _____

Electronic Signature: _____ Date _____

