



**BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS**

# CCSH

**Certification In Clinical Sleep Health**

**CERTIFICATION IN CLINICAL SLEEP HEALTH EXAMINATION**

## CCSH Exam Application

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Board of Registered Polysomnographic Technologists

(BRPT)

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Third Floor

Arlington, VA 22203

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[www.brpt.org](http://www.brpt.org)



## INSTRUCTIONS FOR COMPLETING THE CCSH APPLICATION

### Read the CCSH Candidate Handbook

All candidates for the CCSH Exam are expected to have thoroughly read the CCSH Exam Candidate Handbook. The Handbook has information necessary to submit an application and sit for the exam. Close review of the Candidate Handbook ensures candidates are aware of BRPT policies and avoid unwanted penalties. In addition, the Handbook contains much useful information, including our policies and procedures.

### Approval or Rejection of Application

Applications are approved if they are free of errors and contain all necessary information, including documentation of eligibility criteria. Rejected applications are returned to the candidate via US Mail. Rejected applications include a cover letter explaining the necessary corrections. Rejected applications may be re-submitted, and the candidate is required to pay an additional \$50 returned application fee. An application may be rejected if it cannot be approved for any reason, including: being illegible or incomplete, missing required contact or personal information, missing eligibility documentation, name or verification signature is missing or unoriginal.

### Approval To Test

Approval to test is valid through the expiration date listed on the candidate's CPR/BLS card or up to a maximum of one year from the date of approval. Approvals to test are good for one sitting of the CCSH exam.

### BLS Certification

Candidates must hold valid live/skills CPR/BLS certification to test. Candidates must submit a copy of a valid live/skills CPR/BLS card with their application. Certification must include practical, hands-on instruction. Online certifications are not acceptable. CPR documentation must include the date earned, date it expires, information of the course provider including name of instructor, and that it included a live/skills component.

### Pathways

#### CCSH Pathway 1: Clinical Experience

- » Current live/skills CPR/BLS certification for healthcare workers or international equivalent. Online certifications are not acceptable.
- » Verification of 1000 hours of clinical experience in clinical sleep health that includes education, counseling, management and coordination of patient care and outcomes. Clinical experience must be validated and approved by a clinical manager, sleep medicine practitioner, or a certified clinical sleep health (CCSH) specialist.
- » Proof of Bachelor's Degree or above in the form of an official transcript in a sealed school envelope, diploma or letter.

#### CCSH Pathway 2: Healthcare Credential

- » Current live/skills CPR/BLS certification for healthcare workers or international equivalent. Online certifications are not acceptable.
- » Proof of a current CCSH Pathway 2 approved healthcare credential or license, or international equivalent.
- » Proof of Associate's Degree or higher in the form of an official transcript in a sealed school envelope, diploma, letter, or certificate from the education provider.

#### CCSH Pathway 3: Active RPSGT's

- » Current live/skills CPR/BLS certification for healthcare workers or international equivalent. Online certifications are not acceptable.
- » An Active RPSGT credential that has been recertified at least once.
- » Proof of completion of the AAST CCSH Designated Education Program
- » Passing the post-test with a score of 70% or higher (verified internally between the BRPT and the AAST)



## Candidate Contact Info

### Primary Contact Info (Required)

Candidates must complete all fields in this section unless otherwise noted. Failure to do so will result in the application being rejected.

This information is used by the BRPT to maintain contact with the Candidate while they are applying for the exam, and after they pass the exam and earn their credential. Candidates should provide their permanent address, phone, and email. Usually this is the home address or primary residence and personal phone number.

### Secondary Contact Info (Optional)

Candidates may complete this section if they wish. This information is entirely optional, and omitting this information will not reject the application. Candidates usually provide secondary contact information, such as their place of work or business, or a secondary residence.

### ADA Accommodations (Optional)

Candidates should complete this section ONLY if they qualify under the Americans with Disabilities Act (ADA). Candidates who request ADA Accommodations MUST include the ADA Request Form as well as all required supporting documentation listed found at the end of our CCSH Candidate Handbook. For more information on the Americans with Disabilities Act, refer to <http://www.ada.gov>

## Payment and Background Check Information

### Payment

The CCSH Exam fee is \$450 USD. The fee cannot be prorated. The fee must be paid by Visa, MasterCard, American Express, Cashier's Check or Money Order (made payable to BRPT). **NO PERSONAL CHECKS!**

## Background Check

Candidates **MUST** read and answer all questions in this section or the application will be rejected.

Candidates who answer **YES** to **ANY** question must submit the documentation outlined at the bottom of the page for **ANY AND ALL** incidences that apply:

A Narrative explaining the incident. The narrative must include:

- » A brief description of the event(s) that incurred a penalty
- » Where the incident occurred
- » The date the incident occurred
- » The outcome of the proceedings
- » The sentence/penalties/disciplinary actions invoked

Official Documentation to include all that apply:

- » 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.

## Standards of Conduct

Candidates must carefully read and sign the Standards of Conduct on this application. By signing, the candidate agrees to abide by the BRPT's Standards of Conduct.



IMPORTANT! All New Candidate Applications must be in original ink. All faxed applications or photocopies of applications will be rejected.

BRPT-Only

Initial Receipt \_\_\_\_\_

Subsequent Receipt \_\_\_\_\_

ID# \_\_\_\_\_

Name and Eligibility

Name

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

Salutation: [ ] Mr. [ ] Ms. [ ] Mrs.

BLS Certification

A copy of the front of your CPR is required. Please attach to this application. The BRPT will not accept any certifications earned online.

Copy of current BLS certification card Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Eligibility Pathway

Circle the appropriate Eligibility Pathway and submit all required supporting documentation

CCSH Pathway 1: Clinical Experience

1000 hours of clinical experience (verification signature needed)
Proof of Bachelor's Degree or higher

CCSH Pathway 2: Healthcare Credential

Proof of Associate's Degree or higher
Copy of current/active credential license or certificate

CCSH Pathway 3: Active RPSGT

Active RPSGT that has recertified at least once
Proof of completion of the AAST CCSH Designated Self Study Education Program
Passing the post-test with a score of 70% or higher (verified internally between the BRPT and the AAST)

Experience

Verification of Experience (Pathway 1 only):

[ ] Clinical Manager [ ] Sleep Medicine Practitioner [ ] Certified Clinical Sleep Health (CCSH) Specialist

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

Hours of experience that include education, counseling, management and coordination of patient care and outcomes (Path 1) \_\_\_\_\_

Please Note: Original ink signatures ONLY. Page can NOT be copied or faxed.

Contact Info

Primary Information

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State/CAN Province \_\_\_\_\_

Zip/Postal \_\_\_\_\_ Province/Region \_\_\_\_\_

Country \_\_\_\_\_



**Secondary Contact Information - Optional**

Phone \_\_\_\_\_

Business/Hospital/Lab \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State/CAN Province \_\_\_\_\_

Zip/Postal \_\_\_\_\_ Province/Region \_\_\_\_\_

Country \_\_\_\_\_

**ADA**

**Do you require ADA Accommodations?**

Yes  No  Yes, but I already submitted my supporting documentation with a previous exam application.

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

**Payment**

**The CCSH Exam Fee is \$450 USD.** Candidates whose applications have been rejected and are re-submitting for approval are subject to an additional \$50 fee. Please see the Instructions and Candidate Handbook for more details.

**\$100 No Show Fee**

**\$50 Rejection Fee**

**Payment Method**

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 \_\_\_\_\_ Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

*The Examination Fee for the CCSH Exam will be collected by The BRPT. By applying, the candidate authorizes The BRPT to charge their credit/debit card and receive any applicable fee(s).*



## Background Check

BRPT Credential Holder 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 Holder 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 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 my supporting documentation with a previous 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 my supporting documentation with a previous 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 my supporting documentation with a previous 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 my supporting documentation with a previous 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  No  Yes, but I have already submitted my supporting documentation with a previous 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. 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 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 Conduct 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](mailto:info@brpt.org) or fax/mail the request to the BRPT office.

Signature \_\_\_\_\_

Name and Date \_\_\_\_\_



### The Board of Registered Polysomnographic Technologists (BRPT)

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