



BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

CPSGT[®]

Certified Polysomnographic Technician

CERTIFICATE EXAMINATION FOR POLYSOMNOGRAPHIC TECHNICIANS

CPSGT Exam Application

For Re-Applying Candidates

Board of Registered Polysomnographic Technologists

(BRPT)

4201 Wilson Blvd

3rd Floor

Arlington, VA 22203

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

www.brpt.org



BRPT-Only

Initial Receipt _____

Subsequent Receipt _____

ID# _____

Name and Eligibility

Name

(Please write your name as it appears on your forms of identification.)

Salutation: Mr. Ms. Mrs.

Formal First Name _____ M.I. _____

Last Name _____ Suffix _____

Home Address

Street 1 _____

Street 2 _____

City _____ State/CAN Province _____

Zip/Postal _____ Province/Region _____

Country _____

Primary Information

Phone _____ Email _____

Candidate Type

Re-Applying Candidate

Exam date (month/year) _____

CPR Certification

Current BLS/CPR certification card needed for all candidates

Copy of current BLS/CPR certification card Start Date _____ End Date _____

ADA

Do you require ADA Accommodations?

Yes No

*If checked "Yes", please submit required paperwork located in Candidate Handbook.

RST Credential

Do you currently hold the RST (Registered Sleep Technologist) credential?

Yes No

CPSGT and RPSGT Credentials

Do you have an active CPSGT or RPSGT credential?

Yes* No

* If Yes, you are not eligible for the CPSGT examination and should discontinue the application process. Candidates who apply to take the examination for reasons other than certification are considered to be in violation of the BRPT Standards of Conduct and subject to disciplinary review.



Payment

- The CPSGT Exam Fee is \$240 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.
- \$90 No Show Fee**
- \$50 Returned Application 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 CPSGT 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 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 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

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

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

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

Yes No

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

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 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 _____



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