

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.

Annual Reports are due annually on January 31st. The \$200 renewal administration fee is due every 5 years.



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 (PLEASE USE ONE APPLICATION FOR EACH PROGRAM TYPE):

- SELF-STUDY** Program consists of organized, self-paced, education tracts that are usually text book or computer-based.
- FOCUSED** Program includes both self-study or expanded classroom education and at least 80 hours of lecture and on-site skills training. International education programs, education programs pending CAAHEP or CoARC accreditation, and certificate programs fall into this category.
- FOCUSED 2** Program includes a minimum of 80 hours of lecture and on-site skills training. It must be paired with a separate Self-Study program to meet exam eligibility requirements. The Focused 2 provider does not need to offer a Self-Study program.

EDUCATION LEVEL

- RPSGT/CPSGT (Comprehensive) CPSGT (Specific) ****Please note that the applying Program Director must hold the BRPT issued credential to which their program teaches****

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>Patient Information and clinical assessment Suggested topics include clinician’s orders and testing indications, history and physical, medication effects, patient interview and orientation, establishing clinical baselines, and use of questionnaires.</p>		
<input type="checkbox"/>	<p>Patient and caregiver interaction and education Suggested topics include sleep hygiene, importance of therapy, sleep disorder education, confidentiality, standards of conduct, age- and condition-specific considerations, communication, patient identification, patient assessment, and patient follow up.</p>		
<input type="checkbox"/>	<p>Sleep disorder classifications and diagnostic criteria Suggested topics include The International Classification of Sleep Disorders, sleep-related breathing disorders, parasomnias, movement disorders, circadian rhythm disorders, insomnia, hypersomnia, narcolepsy, and nocturnal epilepsy.</p>		
<input type="checkbox"/>	<p>Support and compliance Suggested topics include PAP desensitization techniques, application and mechanics of PAP therapy, and understanding and responding to a PAP download report.</p>		
<input type="checkbox"/>	<p>Technical preparation for a sleep study Suggested topics include equipment and supplies, screen resolution, sampling rate, polarity, montages, appropriate anatomical locations, site preparation and application, impedance verification, technical specifications and instrumentation, and audio/video recording.</p>		
<input type="checkbox"/>	<p>Calibrations Suggested topics include calibrating the recording device, calibrating the ancillary equipment, and physiologic verification.</p>		
<input type="checkbox"/>	<p>Procedures and practice guidelines Suggested topics include adult PSG, pediatric PSG, MSLT, MWT, HSAT, actigraphy and PAP-NAP.</p>		

YES	BASIC EDUCATION CONTENT	CORRESPONDING COURSE OR MODULE(S)	CONTACT HOURS
<input type="checkbox"/>	<p>Sleep/wake physiology and pathophysiology Suggested topics include normal REM and NREM sleep, basic respiratory and cardiac physiology, effects of sleep disruption, and age-specific variations and conditions.</p>		
<input type="checkbox"/>	<p>Identify, respond, and document during sleep studies Suggested topics include waveform variations (abnormal EEG), identifying artifacts, equipment malfunctions, physiologic/clinical events, and settings (filters, sensitivity, gain).</p>		
<input type="checkbox"/>	<p>Scoring Adult PSG Suggested topics include sleep stages, arousals, respiratory events, desaturations, movements, and cardiac events for the adult patient population.</p>		
<input type="checkbox"/>	<p>Scoring Pediatric and infant PSG Suggested topics include sleep stages, arousals, respiratory events, desaturations, movements, and cardiac events for the pediatric and infant patient population.</p>		
<input type="checkbox"/>	<p>Report generation Suggested topics include calculations (AHI, RDI, TST), technologist observation and summary, and histograms/hypnograms.</p>		
<input type="checkbox"/>	<p>PAP therapy Suggested topics include adult practice guidelines, pediatric practice guidelines, proper mode of intervention (CPAP, Bilevel, ASV, NIV), acclimation and proper interface fit, troubleshooting PAP issues, and indications/ contraindications for PAP therapy.</p>		
<input type="checkbox"/>	<p>Oxygen therapy Suggested topics include oxygen titration practice guidelines and indications/contraindications for oxygen therapy.</p>		
<input type="checkbox"/>	<p>Alternative therapies Suggested topics include oral appliances, positional therapy, and surgical options.</p>		
<input type="checkbox"/>	<p>Patient Safety and Emergency Situations Suggested topics include cleaning and disinfecting, recognizing and responding to patient and building emergencies, preventative maintenance, facility requirements, safe handling of sharp/contaminated/ hazardous materials.</p>		

CONTACT HRS	COURSES DEDICATED TO PERFORMING POLYSOMNOGRAPHY (MINIMUM 15 HOURS)	LECTURE	CLINICAL	OBSERVATION
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: 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 _____

