



BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

# RPSGT<sup>®</sup>

Registered Polysomnographic Technologist

CERTIFICATE EXAMINATION FOR POLYSOMNOGRAPHIC TECHNICIANS

## RPSGT Exam Application

*For New Candidates*

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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 RPSGT APPLICATION

**Read the RPSGT Candidate Handbook** All candidates for the RPSGT Exam are expected to have thoroughly read the RPSGT 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 help 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 RPSGT exam.

### CPR Certification

Candidates must hold valid live/skills CPR or BLS certification to test. Candidates must submit a copy of a valid live/skills CPR or 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.

### Eligibility

#### STAR Programs

The BRPT reviews education programs for exam eligibility and awards programs the STAR designation. Programs can receive STAR designation in one or more of the following categories: Self-Study, Focused, and Focused 2 education. See the Candidate Handbook for more details and descriptions of Self-Study, Focused, and Focused 2 STAR programs.

#### Proof of Education

- » Certificates of completion for each course or module of an education program.
- » Certificate of completion for the entire education program.
- » An official transcript, certificate, or diploma from the education provider.

#### Work Experience

Work experience must be earned within 3 years of applying for the exam. Pathways 1, 2 and 4 all have minimum experience requirements. The requirements are in hours. Experience is required to include on-site polysomnography duties performed as

direct patient recording and/or scoring. This includes paid and non-paid experience.

### Secondary Education for Pathways 1 and 4

Acceptable Forms of Proof of Secondary Education Include:

- » Diploma or transcript from high school, college, or university.
- » Certificate of GED or equivalent.

### Pathways

#### Pathway #1: Clinical Experience

- » Have a minimum of 1,638 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.
- » A STAR-designated Self-Study education program within a 3-year period prior to the exam. If you are submitting the ASTEP Self Study Modules, they must be the latest set of modules posted on the ASTEP website.
- » Proof of completion of secondary education. Proof can be an unofficial/official transcript or copy of a diploma.
- » Documentation of current live/skills CPR/BLS certification.

#### RPSGT Pathway 2: Healthcare Credential

- » Have a minimum of 546 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.
- » Proof of a current and approved healthcare credential.
- » Documentation of current live/skills CPR/BLS certification or equivalent.

#### RPSGT Pathway 3: CAAHEP/CoARC Graduate

- » Graduate from an education program in polysomnography accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Commission on Accreditation for Respiratory Care (CoARC). CAAHEP and CoARC-accredited programs include stand-alone programs for polysomnography, and add-on programs attached to an electroneurodiagnostic or respiratory care program.
- » Proof of graduation from the CAAHEP or CoARC polysomnography program. Proof must be an official transcript, copy of diploma, or a signed letter on school letterhead from your Program Director stating the date you graduated and also providing their contact information.
- » Documentation of current live/skills CPR/BLS certification or equivalent.

#### RPSGT Pathway 4: Focused Training

- » Have a minimum of 819 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.



- » Complete a STAR-designated Focused education program OR both a STAR-designated Self-Study education program AND a STAR-designated focused 2 program, within a 3-year period prior to your application. If you are submitting the ASTEP Self Study Modules, they must be the latest set of modules posted on the ASTEP website.
- » Proof of completion of secondary education.
- » Documentation of current live/skills CPR/BLS certification or equivalent.

### **RPSGT Pathway 5: International Option**

- » International tertiary/post secondary qualification in science/medical science or related discipline with a major component of human anatomy and physiology included in the curriculum. Proof must be translated/notarized.
- » A minimum of 546 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.
- » Proof of residency outside of the United States. Proof must be a copy of an official government issued ID.
- » Documentation of current live/skills BLS/CPR certification or equivalent.

### **Experience**

#### **You are a New Candidate if:**

- » You have not sat for the exam in the past.
- » Your last exam date was 3 or more years ago.
- » You once held an RPSGT Credential and you lapsed more than 5 years ago.

#### **You are a Re-Applying Candidate if:**

- » You sat for the exam less than 3 years ago.

### **Name and Eligibility Info**

Candidates **must** complete all fields and sections on this page unless otherwise noted.

### **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, primarily your email address, 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.

#### **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 in the Candidate Handbook in order for their request to be considered. For more information on the Americans with Disabilities Act, refer to <http://www.ada.gov>

### **Payment and Background Check Information**

#### **Payment**

The RPSGT Exam fee is \$450 USD. The fee cannot be prorated. The fee must be paid by credit/debit card, cashier's check, or money order.

Candidates whose applications have been rejected must submit an additional \$50 returned application fee. Only one fee is applied to the candidate per application regardless of how many corrections need to be made. Candidates whose applications are rejected must submit this fee and will not be approved unless this fee is paid. If the candidate is paying with a credit/debit card, the fee is charged to the card provided along with the Exam fee. Otherwise, an additional credit card, cashier's check or money order must be provided.

The BRPT accepts VISA, MasterCard, American Express, Cashier's Checks and Money Orders. **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.

- 1.) 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
- 2.) 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 detailed private background check that was generated within 1 month of applying, 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.



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

### 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.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

### 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 \_\_\_\_\_

### CPR Certification

**A copy of the front of your BLS/CPR is required. Please attach to this application.**

**The BRPT will not accept any certifications earned online.**

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

### Eligibility Pathway

**Choose the appropriate Eligibility Pathway and submit all required supporting documentation**

#### RPSGT Pathway 1: Clinical Experience

1,638 hours of clinical experience (verification signature needed)

Proof of STAR Self-Study program

Proof of Secondary Education

### BRPT-Only

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

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

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



**RPSGT Pathway 2: Healthcare Credential**

- 546 hours of clinical experience (verification signature needed)
- Proof of current/active credential (copy of card or certificate, all RRT/CRT licenses must be through the NBRC. State licenses will not be accepted and your application will be rejected.)

Credential Title \_\_\_\_\_ Expiration Date \_\_\_\_\_

**RPSGT Pathway 3: CAAHEP/CoARC Graduate**

- Proof of graduation from the CAAHEP/CoARC program (copy of certificate or official transcript in a sealed school envelope.)
- Verification signature of program attendance needed below in the Experience section.

CAAHEP/CoARC Program Name \_\_\_\_\_

Graduation Date \_\_\_\_\_

**RPSGT Pathway 4: Focused Training**

- 819 hours of clinical experience (verification signature needed)
- Proof of Secondary Education
- Proof of completion of a STAR-designated Focused education program, OR both a STAR-designated Self-Study education program AND a STAR-designated Focused 2 program, within a 3-year period prior to the exam.

**RPSGT Pathway 5: International Option**

- 546 hours of clinical experience (verification signature needed)
- Proof of completion of international tertiary/post secondary education in a science/medical related discipline.
- Proof of residency outside of the United States

**Experience**

**Verification of Experience or Program Attendance:**

- Immediate Supervisor    Administrative Director    Medical Director    Human Resources Rep.
- CAAHEP/CoARC Program Director

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Hours of experience that include direct patient scoring and/or recording (Path 1,2,4,5) \_\_\_\_\_ Email \_\_\_\_\_

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

**ADA**

**Do you require ADA Accommodations?**

- Yes    No

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

**RST Credential**

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

- Yes    No



**Payment**

- The RPSGT 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 Rejected 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 RPSGT 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  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 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 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.

**1.) A complete written explanation in your own words 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

**2.) 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

**3.) 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**

Candidates must carefully read the Standards of Conduct on this page. They must sign and date this page. By signing this page, the candidate agrees to abide by the BRPT's Standards of Conduct. Failure to sign and date this page will result in the application being rejected.

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](mailto:info@brpt.org) or fax/mail the request to the BRPT office.

Signature \_\_\_\_\_

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



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