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.

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 (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)

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

☐   A. Course Brochure/Advertisement   ☐   E. Sample Program Evaluation

☐   B. Program Curriculum   ☐   F. Program Director Curriculum Vitae

☐   C. 3 Sample Examinations   ☐   G. List of Key Faculty and Their Credentials

☐   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

BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

★ STAR | SLEEP TECHNOLOGY APPROVED RESOURCE

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
☐	**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.		
☐	**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.		
☐	**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.		
☐	**Support and compliance** Suggested topics include PAP desensitization techniques, application and mechanics of PAP therapy, and understanding and responding to a PAP download report.		
☐	**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.		
☐	**Calibrations** Suggested topics include calibrating the recording device, calibrating the ancillary equipment, and physiologic verification.		
☐	**Procedures and practice guidelines** Suggested topics include adult PSG, pediatric PSG, MSLT, MWT, HSAT, actigraphy and PAP-NAP.		

BRPT

BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS
STAR SLEEP TECHNOLOGY APPROVED RESOURCE

YES	BASIC EDUCATION CONTENT	CORRESPONDING COURSE OR MODULE(S)	CONTACT HOURS
☐	**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.		
☐	**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).		
☐	**Scoring Adult PSG** Suggested topics include sleep stages, arousals, respiratory events, desaturations, movements, and cardiac events for the adult patient population.		
☐	**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.		
☐	**Report generation** Suggested topics include calculations (AHI, RDI, TST), technologist observation and summary, and histograms/hypnograms.		
☐	**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.		
☐	**Oxygen therapy** Suggested topics include oxygen titration practice guidelines and indications/contraindications for oxygen therapy.		
☐	**Alternative therapies** Suggested topics include oral appliances, positional therapy, and surgical options.		
☐	**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.		

BRPT

BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

STAR | SLEEP TECHNOLOGY APPROVED RESOURCE

SECTION C: FOCUSED AND FOCUSED 2 ON-SITE AND SKILLS REQUIREMENTS

List course titles and hours. On-Site Course Hours must total a minimum of 80 hours. There must be a minimum of 15 hours dedicated to performing polysomnography including clinical hands-on experience or observation. SELF-STUDY APPLICANTS DO NOT COMPLETE THIS SECTION.

Briefly describe where and how the student receives on-site training and instruction:

CONTACT HRS	TITLES OF ON-SITE LECTURES/COURSES AND SKILLS TRAINING	LECTURE	CLINICAL	OBSERVATION
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

BRPT

CONTACT HRS	COURSES DEDICATED TO PERFORMING POLYSOMNOGRAPHY (MINIMUM 15 HOURS)	LECTURE	CLINICAL	OBSERVATION
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

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 _____