



# 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

- |  |   |
|--|---|
| <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><b>Polysomnographic Instrumentation</b>  <i>Suggested topics include hardware and software instrumentation, such as A/D conversion, screen resolution, sampling rate, memory, filters, gain, sensitivity, polarity; equipment and computer interfaces; audio/video recording.</i></p>		
<input type="checkbox"/>	<p><b>Sleep/Wake Physiology and Pathophysiology</b>  <i>Suggested topics include normal REM and NREM sleep; basic respiratory and cardiac physiology; effects of sleep disruption, sleep disorders, medications, and medical conditions; age specific variations and conditions.</i></p>		
<input type="checkbox"/>	<p><b>Sleep Disorders Classifications and Diagnostic Criteria</b>  <i>Suggested topics include The International Classification of Sleep Disorders; Sleep Related Breathing Disorders; Parasomnias; Movement Disorders; Circadian Rhythm Disorders; Insomnia; Hypersomnia; Narcolepsy; Nocturnal Epilepsy.</i></p>		
<input type="checkbox"/>	<p><b>Polysomnographic Procedures</b>  <i>Suggested topics include PSG, MSLT, MWT, out of center sleep testing; actigraphy; recording protocols; pediatric parameters.</i></p>		
<input type="checkbox"/>	<p><b>Chart Review and Questionnaires</b>  <i>Suggested topics include medical and sleep history; procedure order; sleepiness scales, pre- and post-sleep questionnaires; anticipation of protocols, equipment and patient needs.</i></p>		
<input type="checkbox"/>	<p><b>Patient Interaction and Professionalism</b>  <i>Suggested topics include confidentiality; standards of conduct, age- and condition-specific considerations; communication; patient identification; patient assessment; patient follow up.</i></p>		



YES	BASIC EDUCATION CONTENT	CORRESPONDING COURSE OR MODULE(S)	CONTACT HOURS
<input type="checkbox"/>	<p><b>Patient and Equipment Preparation</b>  <i>Suggested topics include patient orientation and education; room preparation; equipment, electrode and sensor selection; electrode and sensor application; montages; equipment calibration.</i></p>		
<input type="checkbox"/>	<p><b>Patient Monitoring</b>  <i>Suggested topics include "Lights On" and "Lights Off"; documentation and observations; artifacts and troubleshooting; recognizing and responding to clinical events; waveform recognition; optimizing recording strategies and data acquisition.</i></p>		
<input type="checkbox"/>	<p><b>Patient Safety and Emergency Situations</b>  <i>Suggested topics include cleaning and disinfecting; recognizing and responding to patient and building emergencies; preventative maintenance; facility requirements; safe handling of sharp, contaminated, and hazardous materials.</i></p>		
<input type="checkbox"/>	<p><b>Therapeutic Interventions</b>  <i>Suggested topics include types of therapy: PAP, O2, oral appliance, position, surgery, NIV; masks and interfaces; leak, humidification, pressure release ventilation; titration protocols; compliance; risk factors.</i></p>		
<input type="checkbox"/>	<p><b>Scoring</b>  <i>Suggested topics include AASM scoring manual; application of scoring rules for age, sleep stages, respiratory events, desaturations, arousals, movements, cardiac events; EEG variations and abnormalities.</i></p>		
<input type="checkbox"/>	<p><b>Data Analysis and Reporting</b>  <i>Suggested topics include the technologist summary; graphic summary; calculations and measurements (e.g. RDI, AHI, ArI, PLMI, sleep onset, REM onset, sleep stage distribution); reporting parameters; physician notification and communication.</i></p>		
<input type="checkbox"/>	<p><b>Data Archiving and Storage</b>  <i>Suggested topics include archiving and storage devices; techniques; medical records requirements.</i></p>		



### 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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CONTACT HRS	COURSES DEDICATED TO PERFORMING POLYSOMNOGRAPHY (MINIMUM 15 HOURS)	LECTURE	CLINICAL	OBSERVATION
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**SECTION D: ADDITIONAL COMMENTS**

**Submit completed application and supporting documents electronically to [STAR@BRPT.org](mailto:STAR@BRPT.org)**

**Allow up to 45 days for program review.**

**Send questions regarding the application or approval to [STAR@BRPT.org](mailto:STAR@BRPT.org)**

Program Director: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_ Date \_\_\_\_\_

