



BOARD OF REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

**CPSGT<sup>®</sup>**

**Certified Polysomnographic Technician**

**CERTIFICATE EXAMINATION FOR POLYSOMNOGRAPHIC TECHNICIANS**

**CPSGT Exam Application**

*For New Candidates*

---

Board of Registered Polysomnographic Technologists (BRPT)

1420 New York Avenue, NW

Fifth Floor

Washington, DC 20005

P: (202) 868-6747

F: (202) 747-2933

[www.brpt.org](http://www.brpt.org)



## INSTRUCTIONS FOR COMPLETING THE CPSGT APPLICATION

### Read the CPSGT Candidate Handbook

All candidates for the CPSGT Exam are expected to have thoroughly read the CPSGT 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 subject to an additional \$50 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 CPSGT exam.

**Candidates may sit for the CPSGT a maximum of 2 times.**

### CPR Certification

Candidates must hold valid CPR or BLS certification to test. Candidates must submit a copy of a valid CPR or BLS card with their application. Certification must include practical, hands-on instruction. Online certifications are not acceptable. A signed letter from the instructor on official letterhead stating the candidate's name, the date of certification, and the date that the certification expires may be submitted in lieu of the actual card.

### 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.

### Work Experience

Work Experience is required for Pathway #1 and is for candidates who are doing on-the-job training. Work experience can be paid or unpaid, full-time or part-time. Work experience is defined as a cumulative 416 hours, with no weekly minimum requirement. A verification signature is required.

### Secondary Education for Pathways 1 and 3

Acceptable Forms of Proof of Secondary Education Include:

- » Copy of High School, College or University diploma or transcript.
- » GED or equivalent.

### Proof of Education Can Include

- » 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.

### Pathways

#### Pathway #1: Clinical Experience

- » Have a minimum of 3 months clinical experience in polysomnography, with a cumulative total of 416 hours or more of clinical time prior to the exam.
- » Complete a STAR-designated Self-Study education program within a 3-year period prior to the exam.
- » Provide proof of completion of the required STAR education.
- » Submit documentation of secondary education.

#### CPSGT Pathway 2: CAAHEP/CoARC Student

- » Be enrolled in, or a graduate of, 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.
- » Be within 2 months of graduation, or a graduate of, the CAAHEP or CoARC polysomnography program.
- » Successfully complete required course work up to the time of the exam application and at the time of the exam, and be a student or graduate in good standing.
- » Submit certificate or transcript of graduation from the CAAHEP or CoARC program.



### CPSGT Pathway 3: Focused Training

- » Complete a STAR-designated Focused education program, OR both a STAR-designated Self-Study education program AND a STAR-designated Focused education program, within a 3-year period prior to the exam.
- » Provide proof of completion of the required STAR program(s).
- » Submit documentation of secondary education.

### Experience

#### You are a New Candidate if:

- » You have never taken the exam prior to this application
- » Your last exam date was 3 or more years ago
- » Your work experience or education program completion was more than 3 years ago

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

- » You took the exam less than 3 years ago
- » You completed your work experience and education program less than 3 years ago

**Candidates may sit for the CPSGT a maximum of 2 times.\***

### Name and Eligibility Info

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

- » BRPT-Only - Candidates are NOT to write in this area
- » Salutation - Optional
- » Middle Initial - Optional
- » Suffix - Optional
- » CPR or BLS Certification - Candidates must write the date their current CPR or BLS certification was granted, and the date it expires.
- » Eligibility - Candidates must check their Eligibility Pathway and complete all fields for that pathway
- » Experience

*New or Re-Applying - Candidates should check whether they are a New Candidate or a Re-Applying Candidate. Candidates who are required to apply as a New Candidate, but apply as a Re-Applying Candidate may be rejected.*

#### New Candidates

This section **MUST** be completed by the candidate's Immediate Supervisor, Administrative Director, Medical Director, Human Resources Rep., or CAAHEP/CoARC Program Director.

All fields must be completed.

This section **MUST** be in **ORIGINAL INK**. Faxes and photocopies are **NOT** accepted.

### Re-Applying Candidates

The candidate **MUST** enter their last exam date. If you cannot remember the exact date, you **MUST** enter the month and year.

**Candidates who do not qualify as a Re-Applying Candidate and complete this section may be rejected.**

### 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 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.

- » Date of Birth, Email, and Phone are required.
- » Home address
- » Address 1 required
- » Address 2 optional
- » City required
- » State/Canadian Province - Complete this only if you live in the US/CAN or a territory
- » Province - Use this for your other state/province/territory. Do not complete if you live in US/CAN or a territory.
- » Country required

#### Secondary Contact Info (Optional)

Candidates may complete this section if they wish. This information is entirely optional, and omitting this information will not reject the application. Candidates usually provide secondary contact information, such as their place of work or business, or a secondary residence.

Candidates should follow the guidelines above for completing the address section.

#### ADA Accommodations (Optional)

Candidates should complete this section **ONLY** if they qualify under the Americans with Disabilities Act. Candidates who request ADA Accommodations **MUST** include the ADA Request Form in the Candidate Handbook. Failure to do so will result in the application being rejected. For more information on the Americans with Disabilities Act, refer to <http://www.ada.gov>



## Payment and Background Check Information

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

### Payment

The CPSGT Exam Fee is \$240 USD. The fee cannot be prorated. The fee must be paid by one credit/debit card, cashier's check, or money order, except with explicit prior authorization.

Candidates whose applications have been rejected must submit an additional \$50 processing fee. Only one fee is applied to the candidate per authorization regardless of how many errors were on the application. Candidates whose applications are rejected **MUST** submit this fee and **WILL NOT** be approved unless this fee is provided. 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 cashier's check or money order must be provided. **DO NOT** submit this fee unless your application was rejected.

The BRPT Accepts VISA, MasterCard, American Express, Cashier's Checks and Money Orders. **NO PERSONAL CHECKS!**

Payment Method - Please select Credit/Debit or Cashier's Check/Money Order

- » Credit/Debit - All fields required. Card Holder/ Payees must enter the card number, month and year of expiration, the cardholder's name, cardholder's signature, and the date of signing.
- » Cashier's Checks/Money Orders
- » Cashier's Checks/Money Orders may be made out to the Board of Registered Polysomnographic Technologists or BRPT.

### NO PERSONAL CHECKS!

#### credit/debit

- » Visa/American Express/Master Card
- » Card holder **MUST** sign the "Card Holder Signature" line.
- » The Examination Fee for the CPSGT Exam will be collected by Association Management Group. By applying, the candidate authorizes Association Management Group to charge their credit/debit card and receive any applicable fee(s).

## 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.

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

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 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.

## 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.



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

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

## Candidate Type

New Candidates must complete the entire application and MUST be mailed.

**New Candidate**

## CPR Certification

**Proof of current BLS/CPR certification card needed for all candidates**

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

## Eligibility Pathway

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

**CPSGT Pathway 1: Clinical Experience**

Have a minimum of 3 months clinical experience in polysomnography, with a cumulative total of 416 hours or more of clinical time prior to the exam. (Verification signature of experience needed on next page.)

Proof of STAR Self-Study program

Proof of Secondary Education

### BRPT-Only

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

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

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



**CPSGT Pathway 2: CAAHEP/CoARC Student**

- Proof of graduation from the CAAHEP or CoARC program (copy of certificate or transcript)  
 Verification signature of program attendance needed below

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

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

**CPSGT Pathway 3: Focused Training**

- 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.  
 Proof of Secondary Education

**Experience**

**Verification of Experience or Program Attendance (Pathways 1 and 2 only):**

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

Name (Please print legibly) \_\_\_\_\_ Title \_\_\_\_\_

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

Phone \_\_\_\_\_ 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 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 \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

*The Examination Fee for the CPSGT Exam will be collected by Association Management Group. By applying, the candidate authorizes Association Management Group 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](mailto:info@brpt.org) or fax/mail the request to the BRPT office.

Signature \_\_\_\_\_

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



**The Board of Registered Polysomnographic Technologists (BRPT)**

1420 New York Avenue, NW, 5th Floor • Washington, DC 20005

(202) 868-6747 • (202) 747-2933 fax

Email: [info@brpt.org](mailto:info@brpt.org) • Website: [www.brpt.org](http://www.brpt.org)