

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration



Advisory Committee on Polysomnography

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE/REGISTRATION
TO PRACTICE AS A POLYSOMNOGRAPHER
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed member of the Polysomnographic community in the District of Columbia and look forward to providing prompt and professional service. The quality of our service is dependent upon the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded. This Advisory Committee is under the purview of the DC Board of Medicine. All final decisions are made by the Board.

All individuals who wish to practice as a member of the Polysomnographic community in the District of Columbia have to meet the general requirements of these instructions.

Qualifying applicants for licensure as:

- **ATechnologist** must have successfully completed the Registered Polysomnographic Technologist exam (RPSGT).
- **ATechnician** must have passed the Certified Polysomnographic Technician exam (CPSGT).*
- **ATrainee** must provide proof of having completed the Accredited Sleep Technologist Program (A-STEP) introductory course or the electroencephalography (EEG) program accredited by The Commission on the Accreditation of Allied Health Education Programs (CAAHEP).

*** PLEASE NOTE: A Technician who has successfully passed CPSGT can only maintain his or her registration for thirty six (36) months. After which the applicant must qualify for technologist registration by passing the RPSGT exam or be de-certified.**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY TO FACILITATE PROMPT
PROCESSING OF YOUR APPLICATION.**

To request hard copies of this application package or if you have any questions, call DOH/HPLA's Customer Service line at 1-877-672-2174 between 8:00 a.m. and 4:40 p.m. Monday through Friday.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

An applicant must be at least 18 years of age and must not have been convicted of an offense which bears directly on the applicant's fitness to be licensed.

Applicant shall submit the following:

1. A completed and signed application form;
2. **Two (2) identical, recent passport-size photographs (2x2 inches in size)** on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. Please be sure to mail in your two photos and write on the back of the photos your full name and last 4 digits of your social security number. Photos will be placed on the pocket license.
3. One (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity;
4. One letter of reference from a **licensed supervising physician** who has personal knowledge of the applicant's ability and qualifications to practice as a polysomnographer;
5. A completed and signed **delegation agreement form**. The completed form must be signed by the Trainee or Polysomnographic Technician and the Supervising Physician or Polysomnographic Technologist.
6. Application Fees

All fees are earned when paid and cannot be transferred or refunded. **Please make check or money order payable to DC Treasurer.**

Please select graduate type on the front of the application.

Application fee for license as Polysomnographic Technologist.....RPSGT: \$230.00
Application fee for license as Polysomnographic Technician..... CPSGT: \$230.00
Application fee for license as Polysomnographic Trainee..... Trainee: \$100.00

7. Criminal Background Check

As of January 3, 2011, each new applicant for licensure, registration or certification shall obtain a criminal background check. An applicant for initial licensure, registration or certification shall not be issued a license, until the background check has been completed.

EDUCATIONAL REQUIREMENTS

Technologists (RPSGT)

For the duration of the first year of the application process, all members of the polysomnography community who have been practicing as a polysomnographer in a healthcare facility within the United States, for at least one year prior to July 2011, and have passed the registered examination, and are in good standing, are eligible to apply for licensure via waiver. Such applicants must be able to submit proof of having passed the national certifying examination given by the Board of Registered Polysomnographic Technologists (BRPT), and be able to provide proof of being certified by BRPT.

An applicant for a RPSGT license by examination must have successfully completed the BRPTexam, RPSGT, for polysomnography accredited by NCCA-Certifying Agencies and been previously certified as a polysomnographic technician.

Technician (CPSGT)

An applicant for a license by examination must demonstrate proof of having passed the national certifying examination given by the BRPT, i.e., CPSGT.

Trainee

A Trainee applicant must submit proof of successfully completing a polysomnographic training program accredited by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP) or an accredited Sleep Technologist Education Program (A-STEP) accredited by the American Academy of Sleep Medicine (Provide official transcript).

EXAMINATION

Applicants for either technician or technologist must have received a passing score on the Registered Polysomnographic Technologist (RPSGT) exam or the certified Polysomnographic Technician (CPSGT) examination administered by the Board of Registered Polysomnography Technologists (BRPT). The passing score is determined by BRPT.

It is the applicant's responsibility to arrange for the applicant's examination results to be sent directly from the testing service to the Board of Medicine.

National Certification: A **certified** copy of the applicant's certification/registration from the BRPT or accrediting body must be submitted by the applicant along with application for D.C. licensure: Applicants should request the BRPT to provide a copy of their RPSGT/CPGST credentials to the Board. Applicants can contact the BRPT at 703-610-9020 or go to their website at www.brpt.org.

COMPLETING THE LICENSE APPLICATION

Section 1. TYPE OF LICENSE

- a. Check the box next to the license description of which you are applying.

Section 2A. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000 Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age.

Section 2B. PREVIOUS NAME CHANGE (other names used)

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Section 2C. RACE & ETHNICITY DESIGNATION (optional)

Languages(s) spoken other than English

Section 3A. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Sections 3B & 3 C HOME ADDRESS/BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. A Post Office (P.O.) Box may not be used as a primary home or business address.

Section 4A. SECONDARY EDUCATION/ TRAINING INSTITUTIONS

All candidates must indicate completion of secondary education (high school, GED, or equivalent) and hold certification in Adult and Pediatric Basic Life Support (Cardio-Pulmonary Resuscitation). The certification in cardio-pulmonary resuscitation must be current at the time of application and be from either the American Heart Association or the American Red Cross.

If you indicate "No" for either question or fail to provide the information your application will not be processed.

Section 4 B. PROFESSIONAL TRAINING AND PRACTICE

List all training and work experience for the past five (5) years. Include letters from employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of three (3) months or more please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

Section 4 C. LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, whether presently valid and/or expired.

Section 5. SCREENING QUESTIONS

If you answer yes to questions A through O, then please provide a complete typed explanation on a separate sheet of paper in your own words. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Official Code 22-2514.

Section 6 A. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

Section 6 B. PAYMENT / MAILING INFORMATION

Checks or money orders for application and license fees should be made payable to DC Treasurer and submitted along with your application.

All new license applications and documents should be sent to the following address:

**District of Columbia Health Professional Licensing Administration
Attention: Processing Department - Board of Medicine
899 North Capitol St. NE, 1st Floor
Washington, DC 20002**

Section 6 C. CLEAN HANDS

Please read the information under this section before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your license or registration.**

Section 7. APPLICANT/REGISTRANT AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best your knowledge.

12/15/11