

Section 1 – Primary Contact: All communication concerning accreditation will be through this person via email

Name:	
Telephone:	Email:
Are you applying for a new A-STEP accreditation or reaccreditation? <input type="checkbox"/> New <input type="checkbox"/> Reaccreditation	

Section 2 – Facility Information: Provide information for the affiliated AASM Accredited Center

Name:	Accreditation Number:	
Address:		
City:	State/Province:	Postal Code:

Section 3 – Program Information: Provide information for your A-STEP program.

Program Name:		
Address:		
City:	State/Province:	Postal Code:
Telephone:	Fax:	Website:
Does the program have more than four students? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the question below. (Standard 4)</i> Does the program have a classroom for didactic instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the program have access to polysomnographic recording and treatment equipment used routinely by sleep technologists? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the program provide an online portion? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the questions below. (Standard 26)</i> Does the online portion make up more 30% of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No Are hands-on learning and practical experiences dealt with exclusively through the online portion? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the online portion suitable for entry level students? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the quality and organization material appropriate for self-learning? <input type="checkbox"/> Yes <input type="checkbox"/> No Are provisions in place for users to have timely access to faculty for questions? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 4 – Instructor List: Provide information for all instructors teaching this program.

A Program Director must be a Registered Sleep Technologist (RST), RPSGT or a Board Certified Sleep Specialist. A Clinical Director must be a Board Certified Sleep Specialist. A Technical Director must be a Registered Sleep Technologist (RST), RPSGT. *This means the same person can fill the roll of Program Director and Clinical Director OR Program Director and Technical Director. (Standards 1-3)*

Name	Position/Title	Credentials	Total Hours of Instruction
	Program Director		hours/week
	Clinical Director*		hours/week
	Technical Director**		hours/week
			hours/week
			hours/week
			hours/week
Grand Total Hours of Instruction			80.00 hours/week

Section 5 – Supplemental Documentation: All listed documents are required. Incomplete applications will be returned.

Administrative Documents	Educational Documents
<input type="checkbox"/> Proof of Clinical Director’s Board Certification	<input type="checkbox"/> Syllabus (<i>Review a sample syllabus on our website.</i>)
<input type="checkbox"/> Library List†	<input type="checkbox"/> Minimum Requirements Policy for Students/Trainees
<input type="checkbox"/> Fair Practices Policy & Procedures	<input type="checkbox"/> Attendance/Grade Book (<i>These can be provided separately.</i>)
<input type="checkbox"/> Program Website URL (<i>if applicable</i>)	<input type="checkbox"/> Midpoint Evaluation Tool (<i>Standards 27, 28 & 29</i>)
<input type="checkbox"/> AASM A-STEP Accreditation Invoice	<input type="checkbox"/> Final Exam
	<input type="checkbox"/> Online Learning Supplemental Syllabus (<i>if applicable</i>)
<p>† A Library List should include, at minimum, copies of the <i>International Classification of Sleep Disorders, Third Edition</i>; <i>Clinical Practice Parameters of the American Academy of Sleep Medicine</i>; <i>The AASM Manual for Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specification</i>; and <i>CPR/AED for the Professional Rescuer by the American Red Cross</i>.</p>	

Section 6 – Director Attestation

We, the undersigned, certify that all required documentation herein are true and complete to the best of our knowledge and accept responsibility for the continued existence and support of this facility as a provider of the highest possible level of technician education. We, the undersigned agree to report changes in the resources, curriculum or key personnel to the AASM within 90 days when they impact compliance with these standards.

Signature of Program Director:	Date:
Signature of Clinical Director:	Date:
Signature of Technical Director:	Date: