

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

Name:		
Telephone:	Email:	

Section 2 – Affiliated AASM Facility Information

Provide information for the AASM Accredited Facility.

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

Section 3 – Provider Program Information:

Enter the required information for the 80-Hour Introductory Course.

Program Name:		
Address:		
City:	State/Province:	Postal Code:
Telephone:	Fax:	Website:
<input type="checkbox"/> By checking this box I/we attest that the program has a classroom area (e.g. Staff office or room, conference room, college campus) to provide didactic instruction for the number of students enrolled. (Standard 4)		
<input type="checkbox"/> By checking this box I/we attest that program has access to polysomnographic recording and treatment equipment used routinely by sleep technologists. (Standard 20)		

Section 4 – Logo Use:

Provide sign-off on Guidelines for A-STEP Administration Use of Provider Logos and Provider Logo Usage Agreement.

<p>Please refer to the <u>Guidelines for A-STEP Administration Use of Provider Logos</u> and the <u>Logo Usage Agreement</u> to read and retain a copy for your files. Sign and date the Logo Usage Agreement and submit it with you application.</p>
<input type="checkbox"/> By checking this box, I/we attest to the guidelines outlined in the Guidelines for A-STEP Administration Use of Provider Logos. Also, this applicant agrees to include the following image asset with their application materials:(A black and white Center Program Logo for this applicant (image specs: .jpg or .png, 300 dpi (high resolution), 2 inches by 3 inches.)
<input type="checkbox"/> By checking this box, I/we attest to the Logo Usage Agreement For A-STEP Introductory Course Providers. (Checking the box indicates complete acceptance to the guidelines and restrictions for user of the Provider Logo detailed in the A-STEP Introductory Course Provider Logo User Agreement. The logo will be supplied to the applicant only after review and approval.)

Section 5 – Provider Instruction:

List the faculty and staff names for all instructors teaching this course.

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. The Clinical Director is required to teach at minimum 2 hours (The Role of the Sleep Technologist and The Overview of Sleep Medicine). All remaining hours taught per instructor each week combined should be equal to the overall 80 hours of course curriculum. 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 6 – Supplemental Documentation:

Utilize the checklist below to ensure all required documentation are included and submitted with this application.

Administrative Documents	Educational Documents
<input type="checkbox"/> Proof of Clinical Director's Board Certification	<input type="checkbox"/> Standard Syllabus (Review and complete all necessary fields on our Standard Syllabus)
<input type="checkbox"/> Proof of Registered Sleep Technologist Credentialed (RST/ RPSGT) Technical Director	<input type="checkbox"/> Online Learning Syllabus (Standard 20)
<input type="checkbox"/> All required Policies and Procedures within the A-STEP Introductory Course Provider Resource Manual	<input type="checkbox"/> Midpoint Evaluation Tools (Standards 21: i.e written tests, quizzes or practical skills assessment)
<input type="checkbox"/> Program Website URL (if applicable)	<input type="checkbox"/> Final Evaluation Tools (i.e written tests and/or practical skills assessment)
<input type="checkbox"/> AASM A-STEP Accreditation Invoice	

Section 7 – Director Attestation

We, the undersigned, certify that (1) all required documentation herein are true and complete to the best of our knowledge, (2) we accept responsibility for the continued existence of this facility as a provider of the highest possible level of technician education, (3) we will comply with the A-STEP Standards as outlined, and (4) will promote the A-STEP program in its entirety.

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

**If the Program Director is a different person than the Clinical Director or Technical Director, submit the credentials for the Program Director as well.*