

Polysomnographic Trainee / Technician I

An American Academy of Sleep Medicine
Accredited ASTEP Introductory Course Provider

LOCATION

Classroom - 5290 Medical Drive, San Antonio, Texas 78229 210-614-6000 or toll free 866-614-6007

2016 DATES

**ASK ABOUT
OUR
ADDITIONAL
10 WEEK
EXTERNSHIP
WITH THIS
PROGRAM**

January	NO CLASSES
February	2/01 – 2/12
March	3/07 – 3/18
April	4/04 – 4/15
May	5/02 – 5/13
June & July	NO CLASSES
August	8/1 – 8/12
September	9/12 – 9/23
October	10/03 – 10/14
November	11/07 – 11/18
December	12/05 – 12/16

Classes begin at 8:30 a.m. and end 5:30 p.m. Monday - Friday

COURSE DESCRIPTION

As an **American Academy of Sleep Medicine Accredited ASTEP Introductory Course Provider**, this technical certificate program is an 80-hour program and is composed of didactic and clinical instruction. It is designed to prepare the student for an entry level Polysomnographic Trainee employee in a Sleep Disorders Center. Graduates of the program will be able to communicate and interact effectively with sleep disorder patients. Students are trained in the physical and physiological aspects of sleep disorders, familiarity with the different sleep disorders, application of monitoring electrodes utilizing the 10-20 International System as well as other ancillary monitoring equipment, calibrate monitoring equipment, and utilize proper montage and protocol used during polysomnographic studies.

The graduates are required to be able to prepare the patient for testing and successfully perform polysomnographic studies, familiarity with EKG and EEG abnormalities and the use of proper documentation and note taking, have a good understanding and be able to administer CPAP, BiPAP, Auto-set PAP and oxygen (O₂) therapy.

There will be some exposure to the scoring of sleep records, but ability to achieve this expertise is outside the scope of this curriculum. Future experience in the field and additional courses can be taken to achieve this goal.

OBJECTIVES

Upon completing this course, the student will be able to:

- Fluency in sleep terminology
- Demonstrate basic knowledge of chronobiology, "normal sleep", and common sleep related disease states seen in the sleep lab.
- Become familiar with various paperwork, orders, [HIPAA regulations as it applies to the sleep lab](#).
- Understand safety in the lab including medical emergencies
- Understand factors that ensure an accurate interpretation of the study
- Learn the International 10-20 System
- Demonstrate knowledge of tabulating various sleep parameters.
- Identify neurological, pulmonary, cardiologic, & muscular events of sleep.
- Demonstrate knowledge and comprehension of the various treatment interventions at the sleep lab.
- Demonstrate understanding of Positive Airway Pressure Titration techniques and interfaces.
- Demonstrate knowledge and comprehension of indication for MSLT/ MWT.
- Describe Psychiatric and Behavioral Sleep Related Disorders
- Describe and demonstrate knowledge and comprehension of sleep-related problems in children

WHO SHOULD ATTEND

Anyone with interest in the sleep field and becoming a Polysomnographic Technician / Technologist, existing Polysomnographic Technicians who desire more formal training in the field, Respiratory Therapists, EEG technicians and nurses who desire additional skills in one of the more rapidly growing fields of medicine. Class limited to first 10 persons who register. Program Director reserves the right to refuse admission to any individual applicant. Program Director also reserves the right to deny a certificate of completion to any participant not attending the entire course. **Completion of this course does not designate "automatic" ability to sit for the Board Registry for Polysomnographic Technologists, Certificate examination for Polysomnographic Technician (CPSGT) or for the American Board of Sleep Medicine Sleep Technologists Registry Examination (see www.brpt.org) and / or www.absm.org) for details.**

PREREQUISITES

High School diploma or GED, 17 years or older. – **A copy of your diploma is required with application**

TUITION

The tuition of \$3300 includes all lectures, practical exercises, and course materials, laboratory fees. Fees can be paid by cash, check, or credit card and should be received prior to course date. Tuition includes a \$500 non-refundable administrative fee to reserve a position in class.

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TOPICS	<p>Foundation Knowledge</p> <ul style="list-style-type: none"> • Sleep Terminology • Introduction to Sleep & Disorders • EEG and sleep staging • Cardiovascular monitoring • Respiratory monitoring • Sleep related breathing disorders • Treatment for sleep related breathing disorders • Sleep related movement disorders and EMG monitoring • Narcolepsy, sleep related seizures and parasomnias • Insomnia, circadian rhythm and psychiatric disorders • Pediatric Polysomnography 	<p>Clinical</p> <ul style="list-style-type: none"> • Basic Event Scoring including: <ul style="list-style-type: none"> Respiratory Limb Movements Arousals Electrocardiographic MSLT / MWT • Patient Hook-up • CPAP/BiPAP Titration • Sanitization and sterilization of environment and equipment 	<p>Practical Exercise</p> <p>Practice with mannequins and live subjects or fellow students to prepare for clinical study with patients Opportunity to perform "live hook-ups" at an Accredited AASM facility</p> <p>Course Evaluation Course Review & Examination</p>
FACULTY / INSTRUCTOR	<p>James M. Andry, MD Diplomate – ABSM Diplomate, Sleep Medicine, ABIM Program Director</p> <p>Nagwa N. Lamaie, MD Faculty / Instructor</p> <p>Carlos R. Orozco, MD Faculty / Instructor</p>	<p>Eric Powell, RPSGT, PhD Faculty / Technical Director</p> <p>Irene Uriegas, RPSGT Faculty / Instructor</p>	<p>Rina Salazar, RPSGT Faculty / Instructor</p> <p>Joyce Compton, BSN Faculty / Instructor</p>
SCHEDULE FOR TRAVEL	Class begins at 8:30 a.m. and lectures begin at 8:30 a.m. Mon-Fri. The course ends at 2:00 p.m. on the last day .		
ACCOMMODATIONS	Participants are responsible for their own travel, food, and lodging. Preferred Hotels : Drury Inn & Suites / Best Western – Medical Center – Corporate Code 301835		
DISCLOSURE POLICY	All faculty members participating in education programs sponsored by Texas School of Sleep Medicine & Technology are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s).		
PROGRAM DIRECTOR	James M. Andry, MD Texas School of Sleep Medicine & Technology San Antonio, Texas		
CONTACT INFORMATION	Texas School of Sleep Medicine & Technology Education Department / Administrative Office 5290 Medical Drive, San Antonio, TX 78229		Phone: 210-860-6000 Toll Free: 866-614-6007 Fax: 210-614-7728 Email: education@TexasSleepSchool.com Web Site: www.TexasSleepSchool.com
	Classroom 5290 Medical Drive San Antonio, TX 78229 (210)-614-6000		



TEXAS SCHOOL OF SLEEP MEDICINE & TECHNOLOGY
AN AMERICAN ACADEMY OF SLEEP MEDICINE
ACCREDITED A-STEP INTRODUCTORY COURSE PROVIDER
1-866-614-6007

All Participants Must Register Online at: www.TexasSleepSchool.com

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\$3600.00 All Participants
Nonrefundable Administrative fee – to hold place - \$500.00 Registration Fee - \$25.00
Call for Discount on more than one student from same institution – 866-614-6007
A copy of your diploma is required by start of class.

Please complete all information on registration form. **(PLEASE PRINT / TYPE)**

Participant Information

Full Name: _____
 Credentials: _____
 Name on Name Badge: _____
 License #: _____
 Specialty: _____
 Mailing Address: _____
 City, State, Zip: _____
 Country: _____
 Home Phone: _____
 Work Phone: _____
 Work Fax: _____
 Email: _____
 Name of Sleep Center where you work: _____
 City, State: _____
 Hospital Affiliation: _____
 Management Company: _____
 Position / Title: _____
 Hotel you are registered in: _____

A copy of your diploma is required with application. Failure to present will prevent authorization to take the AASM ASTEP Introductory examination!

Payment Information

Make checks payable to Texas School of Sleep Medicine & Technology. A \$50.00 administrative fee will be retained from all cancelled registrations.

Method of Payment: Cash Check Credit Card

Credit Card: AX VISA MC Dis

Tuition : \$3600 Registration Fee \$25.00

Amount Enclosed: \$ _____

Credit Card Information (*Must have for credit card transactions)

*Credit Card Number: _____ Security Code _____
 *Expiration Date: _____
 *Customer Name: _____
 *Billing Street Address: _____
 *City, State, Zip: _____
 *Country: _____
 *Signature: _____

If someone other than the registrant is paying the tuition, please complete the information below.

Who will pay: _____
 Contact Person: _____
 Phone Number: _____

Please Send My Confirmation Letter To:

Location	Email / Fax
Email Address 1	
Email Address 2	
Fax Number	
Mail Address Above	

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FOR OFFICE USE ONLY

Date Received	
Payment	
Confirmation Sent	