

# POLYSOMNOGRAPHIC REGISTRY REVIEW

LOCATION	Classroom - 5290 Medical Drive, San Antonio, TX 78229 Phone - 210-614-6000			
2010 DATES	February 18-19 Thursday - Friday	May 20-21 Thursday - Friday	August 19-20 Thursday - Friday	November 18-19 Thursday - Friday
	Classes begin at 8:30 a.m. Thursday and ends 5:00 p.m. - Friday.			
COURSE DESCRIPTION	<p>This is an intensive 2 – day comprehensive review of various aspects of sleep technology in anticipation of the registry examination for Polysomnographic Technology. Review of the basic technological principles and practices in sleep technology including but not limited to the anatomy and physiology neurological, cardiac, pulmonary, and muscular systems, amplifiers and instrumentation, International 10 – 20 Electrode Placement System, pharmacology for sleep, EKG abnormalities, various sleep disorders including sleep disordered breathing, movement disorders, parasomnias, insomnia, circadian rhythm disturbances, etc.</p> <p>Completion of this course does not constitute certification or credentialing in sleep medicine or polysomnographic technology.</p>			
OBJECTIVE	Upon completion of the course, participants should be acquainted with the general scope of study for the registry examination for Polysomnographic Technologists.			
WHO SHOULD ATTEND	Board eligible Polysomnographic Technicians. 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.			
PREREQUISITES	Participants should have a working knowledge of sleep related medical terminology, 6 - 18 months experience as a sleep technician. Special request is required for those with less than 6 months experience.			
TUITION	The tuition of \$350 includes all lectures, exercises, and course materials. \$10 discount for registration payments received 30 days or more prior to program start date. Tuition can be paid by cash, check, or credit card and should be received prior to course date. <b>Tuition includes a \$150 non-refundable administrative fee.</b>			
CONTINUING EDUCATION CREDIT	<ul style="list-style-type: none"> <li>This program has been approved for a maximum of 14.00 AAST Continuing Education Credits (CEC) by the American Association of Sleep Technologists. One Westbrook Corporate Center, Suite 920, Westchester, IL 60154</li> </ul>			



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

# Polysomnographic Registry Review

TOPICS	<p><b>Foundation Knowledge</b>            General Study Guidelines            Sleep Disorders Terminology            Anatomy &amp; Physiology related to Sleep            Sleep Staging            Ethics / Professional Behavior            International 10-20 System</p>	<p><b>Clinical</b>            Sleep Disordered Breathing            Periodic Limb Movements / RLS            Circadian Rhythm Disturbances            Parasomnias            MSLT / MWT Protocols / Scoring</p>	<p><b>Practical Exercise</b>            Calculations            Common EEG Rhythm &amp; Frequency Recognition            Non-EEG Artifact Recognition &amp; Corrective Action            EKG Rhythm Disturbances            Practice Examinations  <b>Course Evaluation</b>            Course Review &amp; Critique</p>
FACULTY	<p><b>James M. Andry, RPSGT, MD - Director</b>            Diplomat – ABSM            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p> <p><b>Susan Herrera, BS, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p> <p><b>Michael Herrera, BS, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p>	<p><b>Joyce Compton, BSN</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p> <p><b>James Enger, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p> <p><b>Patty Gibson, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p>	<p><b>Victor “Trae” Gaenzel, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p> <p><b>Jason Easterling, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p> <p><b>Shawn Monroe, RPSGT</b>            Faculty / Instructor            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p>
SCHEDULE FOR TRAVEL	<p>Registration begins at 8:00 a.m. and lectures begin at 8:30 a.m. on Thursday. <b>The course ends at 5:00 p.m. on Friday. If you plan to leave San Antonio on Friday, you should select a flight that departs after 7:00 p.m. Attendees who leave prior to the completion of the course may not be eligible to receive a course completion certificate but will receive appropriate C.E.C.’s for the hours attended.</b></p>		
ACCOMMODATIONS	<p>Participants are responsible for their own travel, food, and lodging. <b>However, TSSMT will provide snacks and beverages during the course.</b></p>		
DISCLOSURE POLICY	<p>All faculty members participating in continuing education programs sponsored by Texas School of Sleep Medicine &amp; 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).</p>		
PROGRAM DIRECTOR	<p>James M. Andry, MD            Texas School of Sleep Medicine &amp; Technology            San Antonio, Texas</p>		
CONTACT INFORMATION	<p>Texas School of Sleep Medicine &amp; Technology            Education Department            5290 Medical Drive            San Antonio, Texas 78229</p> <p>Phone: 210-860-6000            Toll Free: 866-614-6007            Fax: 210-614-7728            Email: <a href="mailto:education@TexasSleepSchool.com">education@TexasSleepSchool.com</a>            Web Site: <a href="http://www.TexasSleepSchool.com">www.TexasSleepSchool.com</a></p>		



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# Registration Form (\*\*Please Mark the Date You Are Attending\*\*)

<b>2010</b>	<b>Polysomnographic Registry Review</b>	<b>\$350 All Participants</b>	<b>Discount \$10 if payment received 30 days in advance</b>
<b>February</b>	<b>18-19</b>	<input type="checkbox"/>	<div style="border: 1px solid black; padding: 5px; color: red; font-weight: bold;">Registration Fee - \$15.00</div>
<b>May</b>	<b>20-21</b>	<input type="checkbox"/>	
<b>August</b>	<b>19-20</b>	<input type="checkbox"/>	
<b>November</b>	<b>18-19</b>	<input type="checkbox"/>	

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

## 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: \_\_\_\_\_

## 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

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:

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

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 Education Department  
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 Web Site: [www.TexasSleepSchool.com](http://www.TexasSleepSchool.com)

### FOR OFFICE USE ONLY

Date Received	
Payment	
Confirmation Sent	