



**Standards and Guidelines  
for the Accreditation of Educational Programs in  
Polysomnographic Technology**

**Standards initially adopted in 2004; revised in 2011, 2025;  
and effective 7/1/2026.**

**Developed by  
Committee on Accreditation for Polysomnographic Technologist Education**

**Endorsed by  
American Academy of Neurology  
Consortium of Academic Programs in Clinical Research**

**and**

**Approved by the  
Commission on Accreditation of Allied Health Education Programs**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Committee on Accreditation for Polysomnographic Technologist Education.

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Polysomnographic Technology profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface.*

**Preamble**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), Committee on Accreditation of Polysomnographic Technologist Education (CoA-PSG), and American Academy of Neurology, Board of Registered Polysomnographic Technologists, and Consortium of Academic Programs in Clinical Research cooperate to establish, maintain and promote appropriate standards of quality for educational programs in polysomnographic technology and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of polysomnographic technology programs. Site visit teams assist in the evaluation of a program's compliance with

the accreditation standards.

## Description of the Profession

Sleep technology, also called polysomnographic technology, is the allied healthcare profession focused on assisting the sleep specialist in the diagnosis, treatment, and management of patients with known or suspected sleep disorders. Sleep technologists perform physician-ordered sleep studies: applying specialized equipment, monitoring patient physiology, and implementing corrective therapies. Sleep technologists educate patients on the importance of sleep, promote good sleep hygiene practices, and assist in proper adherence to sleep-related therapies.

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### I. Sponsorship

#### A. Program Sponsor

A program sponsor must be at least one of the following

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.
2. A full-service sleep center accredited by a healthcare accrediting agency that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law to provide healthcare, and authorized under applicable law to provide the post-secondary program, which awards a minimum of a diploma/certificate at the completion of the program.
3. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of a diploma/certificate at the completion of the program.
4. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1 – 1.A.3.

A consortium does not refer to clinical affiliation agreements with the program sponsor.

#### B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

*Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or*

*other events that may lead to inaccessibility of educational services.*

## **II. Program Goals**

### **A. Program Goals and Minimum Expectations**

The program must have the following minimum expectations statement: “To prepare polysomnographic technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of a polysomnographic technologist. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

### **B. Program Advisory Committee**

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program’s communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

*Program advisory committee meetings may be conducted using synchronous electronic means.*

## **III. Resources**

### **A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;

10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

## **B. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

At a minimum, the following positions are required.

### **1. Program Director**

#### **a. Responsibilities**

The program director must be responsible for all aspects of the program, including but not limited to

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program; and
- 3) Academic oversight, including curriculum planning and development.

*The program director may delegate responsibilities to other individual(s) qualified to perform those responsibilities.*

#### **b. Qualifications**

The program director must

- 1) Hold a stand-alone credential as a polysomnographic technologist by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI) or International Organization for Standardization (ISO), and possess a minimum of two years of clinical experience as a credentialed polysomnographic technologist; or be a physician currently licensed and board certified in sleep medicine;
- 2) Possess a minimum of an associate degree; and
- 3) Have documented education or experience in instructional methodology.

*Polysomnographic technologists serving as program director should possess the Registered Polysomnographic Technologist (RPSGT) credential.*

### **2. Medical Director**

#### **a. Responsibilities**

The medical director must

- 1) Provide the input necessary to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meet current standards of medical practice; and
- 2) Engage in cooperative involvement with the program director.

#### **b. Qualifications**

The medical director must

- 1) Be a physician currently licensed and board certified in sleep medicine;

- 2) Have the requisite knowledge and skills to advise program leadership about the clinical/academic aspects of the program; and
- 3) Be knowledgeable in teaching the subjects assigned, when applicable.

### **3. Faculty/Instructional Staff**

#### **a. Responsibilities**

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

#### **b. Qualifications**

The faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

Each clinical affiliate must have an instructor or preceptor who holds a stand-alone credential as a polysomnographic technologist by an organization whose credentialing exam is accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI) or International Organization for Standardization (ISO) to supervise and evaluate the students.

### **C. Curriculum**

The curriculum must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the content listed in Appendix B of these **Standards**.

*CAAHEP supports and encourages innovation in the development and delivery of the curriculum.*

### **D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

## **IV. Student and Graduate Evaluation/Assessment**

### **A. Student Evaluation**

#### **1. Frequency and purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

*Validity means that the evaluation methods chosen are consistent with the competencies and*

*performance objectives being tested.*

## **2. Documentation**

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

## **B. Outcomes**

The program must meet the established outcomes thresholds.

### **1. Assessment**

The program must periodically assess its effectiveness in achieving established outcomes. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

*A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American Standards Institute (ANSI), or under International Organization for Standardization (ISO).*

*Results from an alternative examination may be accepted as an outcome, if designated as equivalent by the organization whose credentialing examination is so accredited.*

### **2. Reporting**

At least annually, the program must submit to the CoA-PSG the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in dialogue with and submit an action plan to the CoA-PSG that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

## **V. Fair Practices**

### **A. Publications and Disclosure**

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students
  - a. Sponsor's institutional and programmatic accreditation status;

- b. Name and web site address of CAAHEP;
  - c. Admissions policies and practices;
  - d. Technical standards;
  - e. Occupational risks;
  - f. Policies on advanced placement, transfer of credits, and credits for experiential learning;
  - g. Number of credits required for completion of the program;
  - h. Availability of articulation agreements for transfer of credits;
  - i. Tuition/fees and other costs required to complete the program;
  - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
  - k. Policies and processes for assignment of clinical experiences
- 3. At least the following shall be made known to all students
  - a. Academic calendar;
  - b. Student grievance procedure;
  - c. Appeals process;
  - d. Criteria for successful completion of each segment of the curriculum and graduation; and
  - e. Policies and processes by which students may perform clinical work while enrolled in the program.
- 4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes the results of one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the CoA-PSG.

**B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

**C. Safeguards**

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Polysomnographic students must be readily identifiable as students.

All activities required in the program must be educational and students must not be substituted for staff.

**D. Student Records**

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

**E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to CoA-PSG in a timely manner. Additional substantive changes to be reported to the CoA-PSG within the time limits prescribed include

1. The institution's legal status or form of control;
2. Change in award level; and
3. Addition of or conversion to distance education delivery.

**F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.



## APPENDIX A

### Application, Maintenance, and Administration of Accreditation

#### A. Program and Sponsor Responsibilities

##### 1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form.

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the CoA-PSG. The on-site review will be scheduled in cooperation with the program and CoA-PSG once the self-study report has been completed, submitted, and accepted by the CoA-PSG.

##### 2. Applying for Continuing Accreditation

- a. Upon written notice from the CoA-PSG, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form.

The “Request for Accreditation Services” form can be obtained from the [CAAHEP website](#).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the CoA-PSG.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the CoA-PSG forwarding a recommendation to CAAHEP.

##### 3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the CoA-PSG and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the CoA-PSG of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the CoA-PSG that it is relinquishing its sponsorship

of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The CoA-PSG has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

- c. The sponsor must promptly inform CAAHEP and the CoA-PSG of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the CoA-PSG in accordance with its policies and procedures. The time between comprehensive reviews is determined by the CoA-PSG and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay CoA-PSG and CAAHEP fees within a reasonable period of time, as determined by the CoA-PSG and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with CoA-PSG policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an CoA-PSG accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the CoA-PSG.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

#### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

#### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the CoA-PSG and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the CoA-PSG. The sponsor will be notified by the CoA-PSG of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

## **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the CoA-PSG forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the CoA-PSG forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The CoA-PSG’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the CoA-PSG forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The CoA-PSG’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the CoA-PSG arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

**Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.**

## **Appendix B**

### **Curriculum Content for Educational Programs in Polysomnographic Technology**

#### **1. Curriculum Requisites**

The program must establish curriculum requisites that are met prior to, or concurrent with the core curriculum. These requisites can be fulfilled by documented college level course work or demonstrated competency or program curriculum. At a minimum, these requisites must include the following learning objectives:

- a. Written and oral communication**
  - 1) The student will demonstrate clear and effective communication.
- b. Computational mathematics**
  - 1) The student will use measurement systems, formulas, and ratios and proportions effectively.
- c. Computer literacy**
  - 1) The student will use available and emerging technology effectively.
- d. Social or behavioral sciences**
  - 1) The student will be able to analyze and apply basic social concepts.
  - 2) The student will be able to examine diverse perspectives.
- e. Biological sciences**
  - 1) The student will describe the structure and function of human body systems and their relation to health and disease.
- f. Medical ethics and law**
  - 1) The student will describe the basic principles and application of medical ethics and legal responsibilities.
  - 2) The student will identify legal and ethical issues in healthcare.
- g. Basic patient care, comfort, and safety**
  - 1) The student will describe patient-centered care.
- h. Emergency preparedness in a medical setting**
  - 1) The student will describe types of emergencies and plan implementation for each.
  - 2) The student will obtain and maintain basic life support certification.
- i. Infection control**
  - 1) The student will utilize current infection control practices in the health care setting.
- j. Medical terminology**
  - 1) The student will use a basic vocabulary of medical terms, acronyms, and abbreviations.

Upon completion of the Polysomnography program, the student must have successfully completed the following cognitive (indicated with a “C”), psychomotor (indicated with a “P”), and affective (indicated with a “A”) learning outcomes.

#### **2. Polysomnographic Technology Learning Objectives**

##### **a. Core knowledge of sleep and sleep disorders (C)**

The student will be able to:

- 1) Describe the history of the sleep technology and sleep medicine professions.
- 2) Integrate concepts in cardiopulmonary and neuroanatomy and physiology relevant to sleep and sleep disorders.
- 3) Describe normal sleep across the age groups.
- 4) State the effects of commonly used medications on sleep.
- 5) Differentiate between normal and abnormal physiology and behavior of sleep.
- 6) State the classification system for sleep disorders.

- 7) Summarize the main cause(s), prevalence, signs and symptoms, diagnosis, treatment options, and expected outcomes associated with major sleep disorders.

**b. Knowledge of polysomnographic procedures (C)**

The student will be able to:

- 1) Describe electrical safety procedures and safety hazards in sleep labs.
- 2) Describe standard precautions in the sleep center.
- 3) Discuss the basic principles of biopotential recording and digital data acquisition.
- 4) State normal age-specific vital signs and method of assessment.
- 5) Describe the elements of patient preparation for a sleep study.
- 6) Describe accommodations and considerations for patients with special needs.
- 7) Explain current protocols and procedures for performing PSG, HSAT, MSLT, and titration studies, including all PAP modalities, oxygen therapy, oral appliance and hypoglossal nerve stimulation.
- 8) List indications, contraindications, hazards, effects, and expected outcomes of the above therapies.
- 9) Summarize the rules for scoring sleep and its associated events.

**c. Polysomnographic Testing**

The student will be able to:

- 1) Review patient medical record, interpret physician order and prepares for proper testing protocol. **(P)**
- 2) Maintain proper safety and infection control protocols. **(P)**
- 3) Establish positive patient rapport, explain procedure, and elicit accurate patient information. **(P)**
- 4) Administer and evaluate appropriate questionnaires. **(P)**
- 5) Educate patient throughout procedure, including **(P)**
  - a) Sleep hygiene.
  - b) Testing procedures.
  - c) Sleep disorder and therapeutic device prior to titration.
  - d) Acclimation and desensitization techniques.
- 6) Select and prepare appropriate equipment, including montage, calibration, troubleshooting. **(P)**
- 7) Apply equipment in order to **(P)**:
  - a) Perform physiologic calibration.
  - b) Monitor patients during recording.
  - c) Recognize, identify, correctly respond to, and document **(C, P)**
    - i. Artifact.
    - ii. Equipment failure.
    - iii. Vital signs.
    - iv. Sleep stages.
    - v. Respiratory events.
    - vi. Movement events.
    - vii. Arrhythmias.
    - viii. Patient requests.
    - ix. Emergency situations.
    - x. Routine required documentation.
- 8) Apply and titrate therapeutic device per order and protocol. **(P)**
- 9) End study, complete required paperwork. **(P)**
- 10) Discharge patient. **(P)**
- 11) Clean and process or dispose of equipment per policy. **(P)**

**d. Procedure Types**

The student will be able to perform **(P)**, or if clinically unavailable, describe the performance **(C)** of:

- 1) Fully attended, in lab polysomnography. **(P)**
- 2) Multiple Sleep Latency Test. **(P) (C)**
- 3) Maintenance of Wakefulness Test. **(P) (C)**
- 4) Actigraphy. **(P) (C)**
- 5) Positive airway pressure administration and titration. **(P)**
- 6) Administration of supplemental oxygen. **(P) (C)**
- 7) Oral Appliance titration. **(P) (C)**
- 8) Hypoglossal nerve stimulation titration. **(P) (C)**
- 9) Home sleep apnea testing. **(P) (C)**
- 10) Pediatric fully attended, in-lab polysomnography. **(P) (C)**
- 11) Abbreviated Daytime Sleep Study. **(P) (C)**
- 12) Mask fitting, acclimation and desensitization. **(P) (C)**

**e. Data analysis (P)**

The student will be able to, through demonstration on patients or simulation in the classroom/laboratory:

- 1) Score attended and unattended sleep studies within the interscorer reliability standards.
- 2) Summarize and report observational and analyzed sleep study results.
  - a) Assess accuracy and interpret numeric data.
  - b) Analyze and interpret hypnograms, graphs, and charts.

**f. Communication, Teamwork, and Professionalism (A)**

The student will be able to:

- 1) Communicate effectively with physicians, other health professionals, patients and families.
- 2) Demonstrate attentiveness, concern, patience and respect in all patient interactions.
- 3) Explain the ethical responsibilities of sleep technologists.
- 4) Describe the importance of and opportunities for ongoing professional development to maintain competence.
- 5) Respect patient confidentiality and follow the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule.
- 6) Describe the basic principles of quality assurance and quality improvement.