



2012 Behavioral Sleep Medicine Certification Application

It is the applicant's responsibility to ensure this application is returned to the ABSM postmarked no later than *May 1, 2012*. All sections **MUST** be completed for the application to be considered.

Candidate Information

All correspondence, including examination results, will be sent to the indicated address.

Name _____

Mailing Address _____

Phone _____ Fax _____ E-mail _____

Current License

Enclose a copy of your professional license(s) to practice in your field of clinical specialization.

The license **must be unlimited** and **must include an expiration date**.

License # _____ Area of Practice _____

State / Province _____ Expiration Date _____

Have you ever had your professional license to practice revoked/suspended or limited?

YES (If yes, explain on a separate sheet.) NO

Training and Experience

All candidates must check one of the following boxes to best describe their training and experience. This information will be further described on the verification form.

Standard Track:

I completed an AASM/SBSM accredited behavioral sleep medicine training program and have enclosed a letter from the program director verifying satisfactory completion of the program.

Alternate Track:

I have been in practice a minimum of 2 years, and a minimum of 25% of practice time is devoted to behavioral medicine. I have completed the required supervised clinical training/experience (as specified on Page 2)

SEND THIS FORM AND ALL SUPPORTING MATERIALS BY MAY, 1 2012, TO

Attn: Examination Coordinator
E-mail: absmcoordinator@aasmnet.org
Fax: (630) 737-9790
Mail: 2510 N. Frontage Road
Darien, IL 60561

QUESTIONS REGARDING THIS APPLICATION MAY BE DIRECTED TO

Examination Coordinator
American Board of Sleep Medicine
2510 N. Frontage Road
Darien, IL 60561
Phone: (630) 737-9700
Fax: (630) 737-9790
E-mail: absmcoordinator@aasmnet.org

Alternate Track: Training Experience

To qualify for this track you must have completed the eligibility requirements under Waiver #1 (Training/Clinical) or Waiver #2 (Clinical).

Waiver #1: Applicants must provide evidence of a minimum of 3 months (480 hours) of fulltime experience in behavioral sleep medicine. If the experience is not obtained on a fulltime basis over 3 months, part-time experience must add up to the equivalent of 3 months fulltime experience (480 hours). All clinical experience must be completed by May 1 of the year the applicant plans to take the exam. This experience must be under the direct mentorship of a certified behavioral sleep medicine specialist, a diplomate of the American Board of Sleep Medicine, or a diplomate of the American Board of Medical Specialties-Sleep Medicine. Twenty-four (24) hours of documented CEUs in behavioral sleep medicine workshops, courses, or meetings are required in addition to supervised training. Of these, 8 hours must be an overview of sleep disorders, 8 hours must be on normal sleep processes and assessments (i.e., PSG, MSLT, Actigraphy), and 8 hours must be on adult interventions. CEU credits must be approved by the ABSM. The ABSM will accept credits offered by AASM and SBSM. The ABSM Credentialing Committee will consider and approve credits offered by other accredited educational providers.

Waiver #2: Applicants must provide evidence of clinical activity in behavioral sleep medicine for at least 2 years following completion of all experience/training required for licensure, with the cumulative of 6 months (960 hours) clinical experience in behavioral sleep medicine. All clinical experience must be completed by May 1 of the year the applicant plans to take the exam. If the activity in BSM is not fulltime, it must add up to the equivalent of 6 months fulltime experience (960 hours). The activity in behavioral sleep medicine must be comprehensive and sustained throughout the most recent two-year period – specifically, the equivalent of ½ day per week. Twenty-four (24) hours of documented CEUs in behavioral sleep medicine workshops, courses, or meetings are required in addition to clinical experience. Of these, 8 hours must be an overview of sleep disorders, 8 hours must be on normal sleep processes and assessments (i.e., PSG, MSLT, Actigraphy), and 8 hours must be on adult interventions. CEU credits must be approved by the ABSM. The ABSM will accept credits offered by AASM and SBSM. The ABSM Credentialing Committee will consider and approve credits offered by other accredited educational providers.

	Setting (e.g., outpatient, inpatient, private practice)	Dates of Training Experience	Total Hours
Clinical Service <i>This must total a minimum of 480 hours.</i>			
Documented Continuing Education <i>This must total a minimum of 24 hours.</i>			

Attestation and Details of Training: Behavioral Sleep Medicine Clinical Experience

This page is required for Alternate Track applicants. If the applicant received supervision at multiple locations or from multiple specialists, complete this page for each supervisor.

I, the applicant's supervisor, hereby declare that the applicant has the training experience required to sit for the ABSM 2012 Behavioral Sleep Medicine examination.

Supervisor's Name and Degree(s) (please print) _____

Supervisor's Certification Number (CBSM, D,ABSM, or ABMS-approved Board of Sleep Medicine Certificate Number)

Training Location

Program / Institution Name _____

Street Address _____

City _____ State _____ Zip Code _____

Training Start Date _____ End Date _____

Description of Training and Supervision

	Description	Hours
Clinical Services	Direct patient contact – assessment:	
	Direct patient contact – treatment:	
	Report preparation:	
	Supervision:	
	Case conferences:	
Didactic Training		
Other Training / Experience	Direct patient contact:	
	Didactic training:	
	Sleep/BSM research:	

Supervisor's Signature _____ Date _____

Attestation and Details of Training: Non-Sleep, General Behavioral Medicine Clinical Experience

This page is required for Alternate Track applicants. If the applicant received supervision at multiple locations or from multiple specialists, complete this page for each supervisor.

I, the applicant's supervisor, hereby declare that the applicant has the training experience required to sit for the ABSM 2012 Behavioral Sleep Medicine examination.

Supervisor's Name and Degree(s) (please print) _____

Area of Practice or Specialty _____

Training Location

Program / Institution Name _____

Street Address _____

City _____ State _____ Zip Code _____

Training Start Date _____ End Date _____

Description of Training and Supervision

	Description	Hours
Clinical Services	Direct patient contact – assessment:	
	Direct patient contact – treatment:	
	Report preparation:	
	Supervision:	
	Case conferences:	
Didactic Training		
Other Training / Experience	Direct patient contact:	
	Didactic training:	
	Sleep/BSM research:	

Supervisor's Signature _____ Date _____

BSM Application Checklist

I have enclosed the following as part of my application:

- Fully completed application form
- Examination fee of \$300
- Copy of doctoral diploma
- Copy of **unlimited** professional license, which includes an **expiration date**
- Completed verification form(s) attesting to my training and experience from the proper source (*Alternate Track applicants only*)
- Copies of transcripts and/or verification of CE credits for at least 24 hours didactic education (*Alternate Track applicants only*)
- A letter attesting to my training and experience from the program director of an AASM/SBSM- accredited BSM training program, as outlined in the training and experience section of the application (*Standard Track applicants only*)

Payment

Name of Applicant _____

Name of Payer _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature _____

Payment Method:

- Check (must be drawn on a US bank)
- Money Order (must be drawn on a US bank)
- MasterCard
- Visa
- American Express

Credit Card Number _____

Verification Number _____

Expiration Date _____

Declarations

I am enclosing the examination fee of \$300. I understand that a \$150 administrative fee will be withheld if my application is rejected. If I withdraw my application at least four weeks prior to the examination, a \$150 administrative fee will be withheld. If I withdraw my application within four week prior to the examination, the entire \$300 examination fee is forfeited.

I hereby declare that I have read and will adhere to the 2012 Guidelines for the ABSM Behavioral Sleep Medicine Examination.

I hereby declare that the information stated in this application and all documentation submitted with or in support of the application are true. I understand and agree that any misrepresentation of the said facts will result in automatic disqualification to sit for the examination or revocation of any certificate issued attesting to successful completion of the examination. I understand this certificate does not confer medical privileges in the United States or any other nation. I understand this certificate is not a substitute for and does not supersede national and local laws and regulations related to medical practice.

I hereby declare that all information contained in this application and all documentation submitted with or in support of the application are true. I understand and agree that any misrepresentation of said facts will result in automatic disqualification to sit for the examination or revocation of the certification obtained.

Signature _____ Date _____