Polysomnographic Technologist Certificate Program

Polysomnographic technologists, often called sleep technologists, are the healthcare practitioners who perform a vital role in the diagnosis and treatment of sleep disorders. Polysomnographic (PSG) technologists operate a variety of sophisticated monitoring devices, which record brain activity (EEG), muscle and eye movements, respiration, blood oxygen levels, and other physiologic events. Technologists are also involved in the evaluation of various treatment methods. Polysomnographic technologists are typically employed in sleep laboratories located in medical centers, clinic/office settings, or free standing sleep labs. Some technologists transition into management and marketing of sleep centers, product sales and support, public and patient education regarding sleep disorders.

### Polysomnographic Technologist Certificate Curriculum Sequence

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO</td>
<td>137</td>
<td>Human Anatomy &amp; Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>MT</td>
<td>110</td>
<td>Applied Mathematics OR</td>
<td>3</td>
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<tr>
<td>MT</td>
<td>145</td>
<td>Contemporary College Mathematics OR</td>
<td>(3)</td>
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<tr>
<td>MT</td>
<td>150</td>
<td>College Algebra</td>
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<tr>
<td>PSG</td>
<td>110</td>
<td>Polysomnography Level I</td>
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</tr>
<tr>
<td>PSG</td>
<td>111</td>
<td>Polysomnography Lab I</td>
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<tr>
<td>PSG</td>
<td>115</td>
<td>Polysomnography Practice I</td>
<td>3</td>
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<tr>
<td>BIO</td>
<td>139</td>
<td>Human Anatomy &amp; Physiology II</td>
<td>4</td>
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<td>Polysomnography Level II</td>
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<tr>
<td>PSG</td>
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<td>Polysomnography Lab II</td>
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<tr>
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<td>Polysomnography Practice II</td>
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<tr>
<td>ENG</td>
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<td>Writing I</td>
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It is important to note that the math and human anatomy & physiology I courses must be completed earning a grade of “C” or better PRIOR to taking any of the technical courses. Students may require developmental studies, which must be completed prior to taking the general education courses. Students enrolled in the program are required to achieve a minimum grade of “C” in each of the polysomnography courses as well as the math and human anatomy and physiology courses.

Contact Jim Matchuny at (859) 246-6246 or via email jim.matchuny@kctcs.edu for more information about the program. Polysomnography program web site:

http://www.bluegrass.kctcs.edu/ah/polysomnography_program/
The deadline to apply to the program on the Bluegrass Community and Technical College Campus will be February 15th of each year. In order for an application to be considered complete, the following information must be submitted to the Office of Admissions by the established deadline:

1) Students who are currently enrolled in classes at BCTC must fill out a Letter of Intent using MyBIN at the following link: https://myBIN.bluegrass.kctcs.edu. Students who are not currently enrolled in classes at BCTC must fill out an application for Admission to the college, available in 200 Oswald Building and also online. (Write Polysomnography Program for the “Academic Plan Name” and for the “Academic Plan Code” write 5109083069 on the application.)

2) An official high school transcript or official passing GED scores. Transcripts must show a date of graduation. This is also required of students with college work.

3) Official results of the American College Test (ACT) or the Scholastic Assessment Test (SAT) if less than 12 credits of college work have been completed. The college courses must be numbered 100 or higher excluding remedial courses.

4) Official transcripts of all post-secondary education attempted. Transcripts must be submitted from EACH college or university attended, including the University of Kentucky and the Kentucky Community and Technical College System, and must show all periods of enrollment.

5) Documentation of an observation in a sleep lab is required for admission into the program. (See the attached form.)

6) The pre-admission conferences will be held on September 16th 4:00 – 5:00 pm, October 14th 4:00 – 5:00 pm, November 11th 4:00-5:00 pm, January 29th 3:00 -4:00 pm. All of the conferences will be held in room 342 of the Oswald Bldg. If you need additional information regarding the mandatory pre-admission conferences please contact the program coordinator at (859) 246-6246.

All of the documentation listed above must be submitted to:

BCTC Office of Admissions
200 Oswald Bldg., 470 Cooper Drive
Lexington, KY 40506-0235

Technical Standards
The polysomnographic technologist specializes in the application of scientific knowledge and theory to provide supportive services related to the diagnosis and ongoing treatment of sleep related problems as outlined in a description of the occupation. Therefore, all applicants should possess:

1) Sufficient tactile and visual acuity, such as is needed in the accurate monitoring of physiologic data and for the observation necessary for patient assessment.

2) Sufficient auditory perception to receive verbal communication from patients and members of the health care team and to assess health needs of people through the use of monitoring devices.

3) Sufficient gross and fine motor coordination to respond promptly and to implement polysomnographic technologist skills, including the manipulation of equipment required in meeting health needs.

4) Sufficient communication skills (verbal, non-verbal, and written) to interact with individuals and to communicate their needs promptly and effectively.

5) Sufficient intellectual and emotional functions to implement patient care.
Employers may have additional expectations of your physical abilities as a technologist. Common additional expectations include:

- the ability to exert up to 100 lbs occasionally, and/or 50 lbs frequently, and/or 20 lbs constantly.
- successful criminal background check and drug screening.
- that measures are taken by technologists, as well as students in training, to assure they are well rested for the nights work.

**Once admitted to the program and prior to patient contact documentation of the following must be submitted:**

1. **TUBERCULOSIS SCREENING**
   - Documentation of a negative Mantoux PPD skin test within six weeks prior to initial enrollment.
   - If known positive, physician documentation of the positive test and a negative chest x-ray.
   - Annual TB screening while the student remains enrolled.

2. **MMR**
   - Proof of immunity to rubella, rubeola and mumps if born in 1957 or later. One of the following may be used as documentation:
     - Documentation of two MMR vaccines with the first at 12 months or older.
     - Documentation by a physician of having had rubeola, rubella and mumps diseases.
     - Documentation of positive rubeola, rubella and mumps titers.

3. **HEPATITIS B (series to be initiated by the first day of classes)**
   - A series of three injections at recommended intervals or documentation of a protective Hepatitis B surface antibody titer (>10 mIU/mL).
   - For students completing the series of three injections after January 1, 1999, a Hepatitis B titer drawn 1-2 months after completing the series of three injections.
   - If the Hepatitis B titer is negative after the initial series of three injections, the series of three injections should be repeated and a repeat titer drawn. If the titer remains negative, appropriate clinical evaluation is indicated.

4. **VARICELLA**
   - 1. Proof of immunity to varicella by one of the following
      - 2. Positive (oral) history of chicken pox
      - 3. Positive antibody titer
      - 4. Immunization with varicella vaccine. (Full immunization requires a series of two injections. Current recommendations do not support post-immunization titers as commercial tests may lack the sensitivity to detect lower antibody levels associated with immunization compared with natural infection.)

5. **Evidence of successful completion of an American Heart Association Healthcare Provider CPR course**

6. **Successful completion of a criminal background check** (Details provided once admitted to the program.)
Program Accreditation Status
The curriculum has been designated by the Board of Registered Polysomnographic Technologists (BRPT) as an alternate educational pathway for purposes of establishing Pathway 1 eligibility to sit for the RPSGT exam. The curriculum is not recognized by the American Academy of Sleep Medicine (AASM) for purposes of AASM facility accreditation.

The program is in the process of becoming accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation of Polysomnography (CoA-PSG).

Contact information for these organizations is listed below:

The Board of Registered Polysomnographic Technologists (BRPT)
8400 Westpark Drive, Second Floor, McLean, VA 22102
Phone: (703) 610-9020  FAX (703) 610-0229 fax

Committee on Accreditation of Polysomnographic Technology (CoA-PSG)
One Westbrook Corporate Center, Suite 920
Westchester, IL 60154
Phone: 708-492-0930 ext. 9512  FAX: 708-492-0943

Commission on Accreditation of Allied Health Education Programs (CAAHEP)
1361 Park Street
Clearwater, FL 33756
Phone: 727-210-2350  FAX 727-210-2354

Individuals interested in learning more about the program should contact:
Jim Matchuny at (859) 246-6246 or via email jim.matchuny@kctcs.edu.

http://www.bluegrass.kctcs.edu/ah/polysomnography_program/
POLYSOMNOGRAPHY OBSERVATION/WORK EXPERIENCE FORM

Applicant name ________________________________

SS# or PeopleSoft # __________________________

To ensure the candidate has an adequate exposure to the field of polysomnography, an observation/work experience is required in an area sleep wellness center. You will be observing patient care so it is important to dress professionally. The observation should last a minimum of 4 hours and include most of the following. Please check all that apply:

_____ Attachment of electrodes and sensors  _____ Patient monitoring
_____ Patient education  _____ Application of positive airway pressure
_____ Calibration of equipment  _____ Discussion of the field of polysomnography
_____ Biocalibrations  _____ Discussion of night shift work

Other _______________________________________________________________________________________
_____________________________________________________________________________________

Date(s) of observation __________________________

Approximate number of hours____________________

_________________________________________  _______________________
Signature of person supervising observation/work Date

_________________________________________  _______________________
Signature of applicant Date

This form must be completed and returned by February 15th to:

BCTC Office of Admissions
200 Oswald Building, 470 Cooper Drive
Lexington, Kentucky 40506-0235