Documents Required for Independent Sleep Practice Accreditation

The following application materials must be completed and submitted in the online application for review:

1. Business Associate Agreement
   a. Signed by the Practice’s authorized representative

2. Practice License: Standard A-3 (*photocopies are acceptable*)
   a. Practice License; or Permit to provide health care services or Hospital License
   b. Certificate of Occupancy and/or Building Permit; or
   c. Attestation signed by principal medical staff member (if license/certificate is not required by state or other law)

3. Personnel: Standards B 1-10 (*photocopies are acceptable*)
   a. Principal Medical Staff Member
      i. Current Medical License valid in the state where the practice is located
      ii. Copy of Board Certification in sleep medicine
      iii. 30 AMA PRA Category 1 CME in sleep medicine earned, averaged 10 per year over the past 36 months
   b. Medical Staff Members
      i. Current Medical License valid in the states where patients are evaluated, diagnosed or treated
      ii. Board Certification in sleep medicine (if applicable)
      iii. 30 CME in sleep medicine earned in the last three years
   c. HSAT Staff
      i. 30 CEC in sleep-related topics earned, averaged 10 per year over the past 36 months
      ii. Scoring Personnel:
         1. Certification or registration from one of the following organizations:
            a. ABSM (RST)
            b. BRPT (CPSGT or RPSGT)
            c. NBRC (CRT-SDS OR RRT-SDS)
      d. Employee Background Check Policy
   e. HSAT Staff Training Policy

4. Independent Sleep Practice Letterhead

5. Equipment List

6. Patient Volume Information
   a. Include for the last six months:
      i. Number of Patients seen by professional staff (initial and follow-up)
      ii. Number of Patients directly referred for testing
      iii. Number of HSATs Performed
      iv. Number of Primary Diagnoses Made
7. Advertising Material  
a. Brochure (if applicable) or confirm advertising does not occur

8. Policies, Procedures, Protocols  
a. Standards C 1-2 and G-1-2: Patient Policies  
i. Patient Acceptance and Direct Referral Review  
ii. Patient Management  
b. Standards D-5 and E-3-4: Equipment Maintenance and Management  
c. Standards B-9, I-1-2, and E-1-2: HSAT Protocol  
d. Standard H-2: PAP Assessment  
i. Assure listing of indicators identified to be monitored  
ii. Assure responsibilities of the principal medical staff member are defined  
iii. Most recent Quarterly report for all indicators selected to be monitored, signed by the principal medical staff member  
i. Compliance with required standards, regulations and codes for  
construction, fire safety and building codes applicable to the facility  
ii. Compliance with OSHA requirements