Documents Required for Sleep Facility Accreditation

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

1. Business Associate Agreement
   a. Signed by the facility authorized representative

2. Facility License: Standard A-2 *(photocopies are acceptable)*
   a. Facility License; or Permit to provide healthcare services and Hospital License
   b. Certificate of Occupancy and/or Building Permit; or
   c. Attestation signed by facility director (if license/certificate is not required by state or other law)

3. Personnel: Standards B-1-13 *(photocopies are acceptable)*
   a. Facility Director
      i. Current Medical License or other Professional License
         1. Valid in the state of the facility and in all states in which patients are seen
      ii. Board Certification in sleep medicine (or proof of completed fellowship and eligibility to sit for board exam)
      iii. CME information for 30 AMA PRA Category 1 credits in sleep medicine earned; averaging 10 per year over the past 36 months
   b. Medical Staff Members
      i. Current Medical License or other Professional License
         1. Valid in the state of the facility and in all states in which patients are seen
      ii. CME information for 30 AMA PRA Category 1 credits in sleep medicine earned; averaging 10 per year over the past 36 months
   c. Technical Staff:
      i. Registration from one of the following organizations: ABSM, BRPT, or NBRC; OR proof of enrollment/completion of A-STEP or a CAHEEP program
      ii. Valid CPR certification
      iii. CEC information for 30 CECs in sleep-related topics earned; averaged 10 per year over the past 36 months.
      iv. Scoring Personnel: Proof of one of the following certifications/registrations: RST, RPSGT, CPSGT, CRT-SDS OR RRT-SDS
   d. Employee Background Check Policy
   e. Technical Staff Training Policy

4. Sleep Facility Letterhead

5. Equipment List
6. Patient Volume Information
   a. Include for the last 6 months:
      i. Number of Patients seen by professional staff (initial and follow-up)
      ii. Number of Patients directly referred for testing
      iii. Number of Tests Performed
      iv. Number of Primary Diagnoses Made

7. Copy of Floor Plan
   a. 8 ½” x 11” with legible dimensions of length and width for all rooms
   b. Identify purpose of each room (i.e., testing room, control room and bathrooms
   c. Include handicap accessibility

8. Advertising Material
   a. Brochure (if applicable) or confirm advertising does not occur

   a. Standards C-1-3: Patient Acceptance and Direct Referral Review
   b. Standards D-13-14 and E-5: Equipment Maintenance and Procedures
   c. Standards E-1-4: Protocols: Adult and Pediatric (if applicable)
      i. PSG, HSAT, MSLT, MWT, PAP Titration, Split Night
      ii. If applicable: Esophageal pressure monitoring, actigraphy, end-tidal CO2
          monitoring, transcutaneous CO2 monitoring
      iii. Any other protocols conducted at the facility
   d. Standard F-7: Inter-scorer Reliability Policy
      i. Indicate if facility uses AASM ISR program; if not, submit ISR policy.
   e. Standards H-2: PAP Assessment Policy
   f. Standards I-1-4: Emergency Policy
      i. Medical
      ii. Internal/external/environmental
      iii. Emergency Equipment
   g. Standards J-1-2: Quality Assurance Plan/Report
      i. Assure listing of indicators identified to be monitored
      ii. Assure responsibilities of facility director are defined
      iii. Assure record keeping requirements are defined
      iv. Most recent Quarterly report for all indicators selected to be monitored,
          signed by the facility director (for both in-center testing and HSAT)
      v. Quarterly ISR report should reflect the names of all scoring techs and the
          facility director/medical staff member board-certified in sleep medicine
          and show the detail comparison of all 4 parameters
   h. Standards K-1-7: Safety Policies
      i. Occupational Safety Policy
      ii. Hazardous Material Policy
      iii. Patient Safety Risk Analysis Procedure
      iv. Significant Adverse Event Procedure
      v. Mitigation of Risk for Assault