

**ALVIN COMMUNITY  
COLLEGE  
POLYSOMNOGRAPHY  
PROGRAM**

**APPLICATION  
AND  
INFORMATION PACKET**

Advanced Technical Certificate



Revision Date 8/2010



ALVIN COMMUNITY COLLEGE 3110 Mustang Road Alvin, Texas 77511-4898

**Polysomnography**  
281-756-5655 Office  
281-756-5606 Fax  
ggoodwill@alvincollege.edu

Dear Polysomnography Applicant:

Thank you for your interest in our Advanced Technical Certificate in Polysomnography. This program starts each Spring semester.

The American Academy of Sleep Medicine estimates as many as 40 million Americans are affected by at least one of the more than 80 documented sleep disorders, including sleep apnea, insomnia, narcolepsy and various disrupted behaviors in sleep. The impact on our society includes significant loss of work productivity, increasing number of auto accidents, and escalating cost of medical care. The monetary loss exceeds billions of dollars each year.

The key to proper diagnosis and treatment intervention requires an overnight evaluation of multiple physiological parameters. The gold standard of evaluation for many of these sleep disorders is an attended overnight evaluation of sleep, (polysomnography). This study includes the recording of multiple physiological parameters including brain activity, respiration, heart rhythm, oxygen saturation, muscle tone, eye movement, and body movement. The PSG technologist must have an understanding of the complex relationship of sleep and various physiological parameters as well as the knowledge of the sophisticated instrumentation and the care of the patient.

The number of credentialed Polysomnographic (PSG) Technologists has grown from eight (8) in 1979 to over 15,680 today. PSG Technologists are achieving registry at a very rapid rate. This growing profession is now recognized as a separate and distinct health care profession. Even at this rapid rate of PSG registry there are still many technicians trained-on-the-job who lack the necessary knowledge, skills and abilities to properly perform sleep studies and obtain registry. Frequently, Sleep Centers see patients for second opinions and re-testing after poor studies and poor diagnosis. The consequence the patients and insurance companies incur are additional expenses as repeat studies are required to rectify the patient's continuing complaints.

Enclosed is information that describes the program, and provides a listing of prerequisite courses and admission requirements. Application for admission to the program should be made through the program office for admission. Deadline for application is November 15. Please contact me if you have any questions.

Sincerely,

Georgette Goodwill RPSGT, R.EEG.T  
Director, Polysomnography Program

/lk

## **Alvin Community College Technical Standards Polysomnography**

Polysomnographic Technologists are required to work overnight shifts, and as students of the polysomnography program, you will be required to attend clinical rotations during the overnight hour. Careful consideration of your ability and willingness to work the night shift is recommended before beginning this program.

In addition to attending ten to twelve hour overnight shifts, polysomnographic technology students must meet the following technical standards in order to successfully complete the program and function in the capacity of a technologist.

Use digital fine motor skills with both hands continually throughout the shift. Tasks include writing, measuring, connecting small pieces of equipment, assessing pulse and blood pressure, attaching equipment to patients.

- Help patients in and out of beds and chairs.
- Stand and walk to and from patient care areas throughout the shift.
- Push and pull heavy objects such as recliners, beds, wheelchairs and computers.
- See clearly enough to read hand-written and computer generated communication.
- Able to view small objects clearly on a computer screen continuously for extended time periods, i.e. six hours. See clearly enough to connect small pieces of equipment.
- Hear patient voices, equipment alarms, intercom sounds, and telephone rings and voices clearly enough to understand them.
- Interact appropriately, and communicate clearly with patients, physicians, peers, and supervisors.
- Function safely and effectively in stressful situations and seek assistance when needed.
- Apply safety and infection control standards required to maintain a safe and clean environment for patients, staff, and self.
- Maintain Proper dress code and personal hygiene required for close contact with patients and others.

## **Polysomnography Degree Program**

**Degree:** Advanced Technical Certificate

**Length:** One Year Program

**Purpose:** Polysomnographic (PSG) Technology is an allied health specialty for the diagnosis and treatment of disorders of sleep and daytime alertness. The range of sleep disorders is varied but includes common disorders such as narcolepsy, sleep apnea, insomnias, and many others. PSG technologists operate a variety of sophisticated electronic monitoring devices, which record brain activity (EEG), muscle and eye movement, respiration, blood oxygen and other physiological events. Technologists are also involved in evaluation of various treatment methods.

PSG technologists are employed in Sleep Disorders Centers, which can be located in medical centers, hospitals, or clinic/office settings. PSG program offers a certificate that includes lectures, laboratory experience on campus, clinical experience at accredited sleep centers, and physician lectures. A major emphasis of the program is to prepare technologists for Board Registration by the Board of Registered Polysomnographic Technologists (BRPT.)

### **Admission Requirements:**

To be considered for admission to the Polysomnography program, the applicant must:

- a. Make application to Alvin Community College and fulfill the admission requirements.
- b. Make application to the Polysomnography program.
- c. Be a graduate from one of the following areas: Nursing, Respiratory Care, Electroneurodiagnostics, or National Registry Paramedic.
- d. Submit official transcripts from college where above degree was granted.
- e. Submit appropriate state licensure and/or credentials from one of the disciplines in (c) above.
- f. Complete physical examination and immunization upon acceptance
- g. Not currently be on suspension or academic probation.
- h. Current CPR certification – AHA Health Care Provider
- i. Background checks are conducted as a condition of full acceptance into the Polysomnography Program.

## Polysomnography Advanced Technical Certificate

Course Number	Course Title	Lecture Hrs.	Lab Hrs.	Credits
<b>First Semester(Spring)</b>				
PSGT 1400	Polysomnography I	2	5	4
PSGT 1440	Sleep Disorders	3	2	4
PSGT 1310	Neuroanatomy & Physiology	3	0	3
PSGT 1205	Neurophysiology of Sleep	2	0	2
		<b>10</b>	<b>7</b>	<b>13</b>
<b>Second Semester(Summer)</b>				
RSPT 1310	Respiratory Care Procedures	2	2	3
PSGT 1260	Polysomnography Clinical I	0	12	2
PSGT 2205	Sleep Scoring and Staging	0	4	2
		<b>2</b>	<b>18</b>	<b>7</b>
<b>Third Semester (Fall)</b>				
RSPT 2239	Advanced Cardiac Life Support	1	4	2
PSGT 2411	Polysomnography II	2	5	4
PSGT 2660	Polysomnography Clinical II	0	28	6
		<b>4</b>	<b>33</b>	<b>12</b>
<b>Fourth Semester(Spring)</b>				
PSGT 2250	Infant and Pediatric Polysomnography	2	0	2
PSGT 2661	Polysomnography Clinical III	0	24	6
PSGT 1291	Special Topics	2	0	2
		<b>3</b>	<b>32</b>	<b>10</b>

**Total Credits Required for A.T.C. Polysomnography ..... 42**

Student must take RSPT 1310 (Respiratory Care procedures) if he/she is not a Registered Respiratory Therapist.

**ALVIN COMMUNITY COLLEGE  
POLYSOMNOGRAPHY  
APPROXIMATE COST  
Prepared Fall 2011  
Advanced Technical Certificate Degree**

<b>Semester</b>	<b>In/Out of District Tuition*</b>	<b>Fees+</b>	<b>Textbooks</b>	<b>In/Out of District Total</b>
Spring (17hrs)	951.00/1665.00	100.00	270.00	1321.00/2035.00
Summer (7hrs)	481.00/775.00	100.00	75.00	656.00/950.00
Fall (15hrs)	857.00/1487.00	90.00	50.00	999.90/1539.90
Spring (13hrs)	763.00/1,309.00	100.00	75.00	938.00/1484.00
<b>Total</b> (Including pre-req courses)				3914.90/6008.90
<b>Total Program Cost</b> (including Additional Costs)				<b>4,945.90/7040.40</b>

\*Based on prescribed curriculum sequence and current tuition rate

+Fees: Includes lab fees for science and Polysomnography courses

<b>Additional Costs</b>	
Background Check	\$48.50
Drug Screen	39.00
Malpractice Insurance (\$17.00/yr)	34.00
Physical Exam (TB test, Hepatitis Vaccine, MMR, Varicella, TDAP)	100 – 200.00
Scrubs, Lab coat, Etc	95.00
TB Test (for second year)	35.00
Diploma Fee	30.00
Graduation Cap and Gown	20.00 – 50.00/ea
Parking in Medical Center for Clinicals	200.00
Exit Exam Fee	300.00
<b>Total</b>	<b>1031.50</b>

**THESE ARE APPROXIMATE COSTS AND ARE SUBJECT TO  
CHANGE WITHOUT NOTICE!**

**RPSGT National Boards (Registered Polysomnographic Technologist)  
Written Exam      450.00**

FOR OFFICE USE (DO NOT WRITE IN THIS SPACE)

App rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Sat or Interview or  
 Act \_\_\_\_ Info mtg \_\_\_\_/\_\_\_\_/\_\_\_\_ Accepted \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Pre-Req  
 HS/GED \_\_\_\_/\_\_\_\_/\_\_\_\_ GPA \_\_\_\_ TASP \_\_\_\_ yes Transcripts \_\_\_\_ yes Xfer or Return

3110 Mustang Road  
 Alvin, Texas 77511-4898  
 (281) 756-3634

**ALVIN COMMUNITY COLLEGE  
 ADVANCED TECHNICAL CERTIFICATE  
 POLYSOMNOGRAPHY  
 APPLICATION FOR ADMISSION**

(Please print in ink or type)

Last Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Suffix (Jr., II, etc) \_\_\_\_\_ Other last names  
 you have had \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Street, PO Box, rural route, etc City State Zip  
 Permanent Address (If different) \_\_\_\_\_  
 Street, PO Box, rural route, etc City State Zip  
 Home phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Mobile phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 County of residence \_\_\_\_\_ E-mail \_\_\_\_\_  
 Emergency Notification (spouse, parent, guardian, etc): \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Street City State Zip  
 Citizenship:  U.S. Citizen  Permanent Resident Alien  International Student

**PERMANENT RESIDENT ALIEN INFORMATION**

Country of Citizenship \_\_\_\_\_ Resident Card Number \_\_\_\_\_  
 Are you currently enrolled in a college or university?  YES  NO  
 If yes, name of institution & city/state: \_\_\_\_\_  
 List all courses in which you are currently enrolled: \_\_\_\_\_

**COLLEGES / UNIVERSITIES ATTENDED** (Vocational, 2-year and/or 4-year)

School name/city/state	Major & Degree earned	Dates attended
_____	_____	_____

**CREDENTIALS / LICENSES**

Do you have any of the following degrees:  Associate Degree Nursing  Respiratory Care  Eletroneurodiagnostic  National Registry Paramedic

Type	Institution name	City	State	Dates attended
_____	_____	_____	_____	_____

I certify that information given on this application is correct and complete. I understand that mis-representation or omission of information will make me ineligible for admission to, or continuation in, the Alvin Community College Polysomnography Program. If applying on line, signature will be obtained at the information meeting.

Legal signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Alvin Community College is an equal-opportunity institution and does not discriminate against anyone on the basis of race, color, national origin, gender, age, disability, religion, or veteran status.



## Letter of Reference

Applicant: \_\_\_\_\_

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Polysomnography Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

- 3. More than satisfactory
- 2. Satisfactory
- 1. Unsatisfactory
- NO Not observed, or no basis for judgment

ABILITIES/SKILLS	3	2	1	NO	
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to work/coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supers
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Additional information – Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths \_\_\_\_\_

Qualities that require further development. \_\_\_\_\_

**Page 2 Letter of Reference**

Relationship to applicant    \_\_\_ Adviser  
   \_\_\_ Teacher  
   \_\_\_ Supervisor  
   \_\_\_ Other: Please indicate \_\_\_\_\_

How long have you know the applicant? \_\_\_\_\_

How well do you know applicant? \_\_\_\_\_

Do you \_\_\_ Highly recommend  
         \_\_\_ Recommend  
         \_\_\_ Recommend with reservations  
         \_\_\_ Not recommend

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_(\_\_\_\_)\_\_\_\_\_

Please return this evaluation form to:

Alvin Community College  
Polysomnography  
3110 Mustang Road  
Alvin, TX 77511-4898

**ALVIN COMMUNITY COLLEGE  
POLYSOMNOGRAPHY PROGRAM**

**OBSERVATION FORM**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Dear Prospective Student:*

Please use this form to schedule and document your observation. An observation is required for admittance to the Polysomnography Program. Please call 281-756-5655 and schedule a time. You will visit our PSGT Department and observe our students perform a Polysomnograph. You may be asked to participate as a volunteer patient.

Student visited on: \_\_\_\_\_

Instructor's name \_\_\_\_\_

**ALVIN COMMUNITY COLLEGE  
POLYSOMNOGRAPHY**

**CONSENT FOR RELEASE OF INFORMATION**

\_\_\_\_\_  
(Initial) My signature below indicates that I have read the policy on criminal background screening for the polysomnography program. This form provides my consent for the results of criminal background checks to be released to the Alvin Community College program director. I certify that I do not have any criminal history that would disqualify me from a clinical rotation or prevent me from obtaining polysomnography licensure.

**DRUG SCREEN**

\_\_\_\_\_  
(Initial) My signature below certifies that I have read, understand and agree to accept the Alvin Community College Health Program's "Policy for Drug Screening". Effective Date of Policy 7/5/05.

**TECHNICAL STANDARDS - ACKNOWLEDGEMENT  
PHYSICAL REQUIREMENTS/WORKING CONDITIONS**

\_\_\_\_\_  
(Initial) I acknowledge receipt of the form "Technical Standards for Polysomnography" outlining the physical requirements of the training program and the duties of the Polysomnography Program at Alvin Community College.

By my signature below, I confirm my physical ability to fulfill the responsibilities of the program and any positions which I may be offered following graduation with or without reasonable accommodation.

Prospective Student's Name (Print): \_\_\_\_\_

Prospective Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Alvin Community College

## POLYSOMNOGRAPHY

### Policy for Criminal Background Screening

The purpose of this policy is to:

1. Comply with clinical affiliates who may require a student background check as a condition of their contract
2. Promote and protect patient/client safety

#### Conduct of Criminal Background Check

Background checks will be conducted as a condition of full acceptance into Polysomnography program. The results will be accepted for the duration of the student's enrollment in the Polysomnography program if the participating student has not had a break in enrollment at the college and if the student has had no disqualifying allegations or convictions while enrolled. Alvin Community College will designate the agency selected to do the criminal background screening. Results of the background check will be sent directly to the program director at each college. The student will pay the cost of the background directly to the agency. The student will sign a form indicating knowledge of this policy and their belief that they do not have any criminal history that would disqualify them from clinical rotations.

#### Unsatisfactory Results

A student with a significant criminal background screen will be ineligible to enroll in the polysomnography program. All criminal background information will be kept in confidential files by the investigating agency and the program director will have access to these files. A student who is convicted of a criminal offense while enrolled in the program must report the offense to the program director within three days of the conviction.

#### Student Rights

Students sign a release form that gives the program director the right to receive their criminal background information from the agency. If the student believes his or her background information is incorrect, the student is responsible for providing the evidence of the inaccuracy of the information to the investigating agency. The student will not be able to enroll in the polysomnography program until the question is resolved. The inability to participate in a clinical experience could prevent a student from meeting course objectives and result in failure of the course.

#### Background Check Information for BRPT

Students, upon graduation, will be qualified to make application to the Board of Registered Polysomnographic Technologists (BRPT). The BRPT application includes background history check and may deny an application based on the commission of certain serious offences. Please visit [www.brpt.org](http://www.brpt.org) and check eligibility criteria.

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**ALVIN COMMUNITY COLLEGE  
HEALTH PROGRAMS  
Effective Date 7/5/05**

**Polysomnography**

**POLICY FOR DRUG SCREENING**

**PURPOSE**

- Promote And Protect Patient/Client Safety
- Comply With Clinical Affiliates Drug Screen Requirements
- Detect Illegal Drug Use

**DEFINITION**

**Non-Negative Drug Screen:** A non-negative drug screen means a medically acceptable drug test, approved by Alvin Community College, the results of which indicates the use of illegal drugs.

**Illegal Drugs:** Illegal drugs include those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which **exceed the prescribed limits of a lawful prescription or the taking of a prescription drug prescribed for another person.**

**DRUG SCREENING PROCEDURE**

Drug screening is conducted on all student applicants prior to acceptance into the program and a non-negative drug screen will bar admission to the program for a minimum of 12 months. The results of the drug screen are generally accepted for the duration of the student's **uninterrupted** enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further drug screening at his/her own expense. Alvin Community College will be responsible for designating and approving the drug screening procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student and conducted at a time and place designated by the college. The student must pre-pay for the drug screen as directed by the Program. The student is required to complete a release directing the company/agency conducting the drug screen test to send the results directly to the Program Director.

The results reported by the company/agency conducting the drug screen is final unless the student with a non-negative drug screen, **within 10 days of learning of the non-negative drug screen**, requests review of the results from the company/agency who originally administered the drug screen. Once the company/agency reports their review finding, the results are final and not appealable.

**POLICY**

When the college determines that a student has a non-negative drug screen, the student is not allowed to attend any clinical agency/rotation for a minimum of twelve months and may affect his/her re-admission to the program. The student with the non-negative drug screen is required to withdraw from the clinical course and all concurrent health, nursing or allied health programs. Prior to returning to the program, the student must re-apply and be accepted to the program (including re-testing), have a negative drug screen, and provide satisfactory documentation to the college of successful drug counseling and treatment, all at the expense of the student. When a student with a non-negative drug screen is accepted back into the program he/she will be subjected to unannounced random drug screening at their expense.

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## CHECK OFF LIST FOR PSGT PROGRAM ADMISSION

Thank you.

<b>Attached</b>	
	<b>Return with the application:</b>
	<b>1. Completed Application</b>
	<b>2. Completed Personal Statement Form</b>
	<b>3. 2 Letters of Reference</b>
	<b>4. Completed Observation Form</b>
	<b>5. Completed Consent for Release of Information</b>
	<b>Provide Alvin Community College</b>
	<b>1. ACT/SAT Scores (taken within 5 years of application – for AAS Program only)</b>
	<b>2. Official College Transcripts</b>
	<b>Pre-requisites</b>
	<b>1. English 1301</b>
	<b>2. Anatomy &amp; Physiology I</b>
	<b>3. College Algebra (MATH 1314) OR Contemporary Math for Tech (MATH 1333)</b>
	<b>4. HITT 1305 Medical Terminology</b>
	<b>5. HPRS 1304 Basic Patient Care Skills</b>
	<b>Immunization and Vaccine Records: see attached</b>

**Upon acceptance into the program you will be sent information on how to obtain your criminal background check, and drug screen.**

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**To enter the Polysomnography Program at Alvin Community College the following immunizations/test are required.**

**(Required by State Law/Clinical Facilities)**

**Hepatitis B Vaccine:** Proof of completion of the hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B is required as a condition of full acceptance to the program.

This is a series of 3 shots and can take up to 6 months to complete. We must see documentation of all the shots before student may attend the clinical rotation.

**Tuberculin Test (PPD):** REQUIRED ANNUALLY

Should be done close to the time you begin the program to last throughout the academic year. Chest k-ray is acceptable if history of positive TB tests. Quantiferon test is acceptable.

**Varicella (Chicken Pox):** Vaccination with two doses of Varicella vaccine administered 4-8 weeks apart or serologic test positive for Varicella antibody or documented history or diagnosis of Varicella. If you had Varicella as a child you will only need to provide a signed statement with month/year.

**MMR(measles, mumps, and rubella):** Born in or after 1957 2 doses are required. Born before 1957 one dose is required or serologic test positive for measles, mumps, and rubella antibody.

**Diphtheria, Tetanus, Pertussis (TDP):** Proof of your last booster from within the past 10 years

**Seasonal Flu:** A seasonal flu vaccine is required annually for continued clinical participation

## PLEASE NOTE:

All 3 HEP B series of shots must be completed 2 weeks prior to the start of the Clinical I.

It takes 6 months to complete the series of shots unless you chose the accelerated schedule for the TWINRIX series.