

Polysomnography *Sleep Medicine*



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Application



Your College  **Right Now**





POLYSOMNOGRAPHY - SLEEP MEDICINE

A.A.S. DEGREE

100%

State Licensure Pass Rate



ACC
ALVIN COMMUNITY COLLEGE

Become a Sleep Technician and Help People Get the Rest They Need

Insufficient sleep can cause serious health problems and is at epidemic rates among the U.S. population. It is estimated that 50-70 million Americans regularly experience some type of sleep disruption including insomnia, narcolepsy, apnea and others.

Polysomnographic (PSG) Technology is a special branch of allied health that diagnoses and treats sleep disorders. PSG technologists operate a variety of electronic monitoring devices that record brain activity (EEG), muscle and eye movement, respiration, and blood oxygen levels. Technologists

also help evaluate treatment methods.

ACC was the first college in the state of Texas to offer an associate of applied science degree in Polysomnography technology. Presently, only two colleges in the state offer this degree. As an ACC Polysomnography student, you will be prepared by highly qualified instructors and equipped with the knowledge and skills required to enter the growing field of sleep medicine.

Career Opportunities

According to the Bureau of Labor Statistics, jobs for medical and clinical laboratory technicians (the category representing Sleep Technicians) are expected to increase 18% between 2014 and 2024.

According to salary.com, the average annual salary of a Sleep Technician is \$56,778.

What Will I Study?

Our Polysomnography program allows students to learn about sleep as a component of health, sleep disorders, and the knowledge, skills, and behaviors needed to become a sleep technologist. The curriculum includes courses in basic health profession skills, anatomy and physiology, sleep disorders, sleep medicine, polysomnographic technology and more.

For More Information:

Website: www.alvincollege.edu/polysomnography

Phone: 281.756.5656

Email: polysom@alvincollege.edu

Your College  **Right Now**

Revised 7/19

POLYSOMNOGRAPHY - SLEEP MEDICINE

Associate of Applied Science Degree – 60 credit hours

| PROGRAM PREREQUISITES | CREDITS |
|---|-----------|
| ^{P+} BIOL 2401 - Anatomy & Physiology I | 4 |
| ^{P+} BIOL 2402 - Anatomy & Physiology II | 4 |
| ^{P+} ENGL 1301 - Composition I | 3 |
| FIRST YEAR - FIRST SEMESTER (Spring) | |
| HPRS 1304 - Basic Health Profession Skills | 3 |
| PSGT 1205 - Neurophysiology of Sleep | 2 |
| PSGT 1310 - Neuroanatomy & Physiology | 3 |
| PSGT 1340 - Sleep Disorders | 3 |
| PSGT 1400 - Polysomnography I | 4 |
| SECOND SEMESTER (Summer) | |
| PSGT 1260 - Clinical I - Polysomnography | 2 |
| PSGT 2205 - Sleep Scoring & Staging | 2 |
| RSPT 1310 - Respiratory Care Procedures I | 3 |
| SECOND YEAR - FIRST SEMESTER (Fall) | |
| PSGT 2411 - Polysomnography II | 4 |
| PSGT 2660 - Clinical II - Polysomnography | 6 |
| RSPT 2239 - Advanced Cardiac Life Support | 2 |
| ⁺ Select from Social & Behavioral Sciences Core Curriculum | 3 |
| SECOND SEMESTER (Spring) | |
| PSGT 1171 - Sleep Practice Management | 1 |
| PSGT 2250 - Infant & Pediatric Polysomnography | 2 |
| ⁺ PSGT 2661 - Clinical III - Polysomnography | 6 |
| ⁺ Select from Creative Arts Core Curriculum or | |
| ⁺ Select from Language, Philosophy & Culture Core Curriculum | 3 |
| POLYSOMNOGRAPHY (A.A.S.) DEGREE | 60 |

⁺ Denotes core requirement. Speak with Department Chair or Academic Advisor for proper course selection.

^P Prerequisite courses must be completed before January start date.

^{*} Capstone Course

*PROGRAM COSTS

The Polysomnography degree program costs approximately \$5,891 for in-district students and \$8,382 for those out-of-district. This includes tuition, fees, and textbooks for Polysomnography courses. Additional fees for supplies, uniforms, testing, vaccinations, insurance, and graduation are approximately \$640. Cost for the National Board Examination is approximately \$450.

**Alvin Community College may change tuition rates and other fees without notice or when directed by the Board of Regents.*

APPLICATION DEADLINE

The application deadline for the Polysomnography program is November 1.

ACCREDITATION

The program is fully accredited by the Committee on Accreditation for Polysomnographic Technologists Education (CoA-PSG) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Polysomnography - Sleep Medicine

281-756-5656

Associate of Applied Science Degree Program (A.A.S.)

Purpose: The sleep technologist cares for patients with sleep disorders that affect sleep and wakefulness, providing care for patients who range in age from infants to the elderly. The range of services provided includes comprehensive evaluation and treatment of sleep disorders including in center polysomnographic testing and home sleep apnea testing, diagnostic and therapeutic interventions, comprehensive patient care and direct patient education. This broad range of services requires that the sleep technologist exercise critical thinking and independent judgment, and possess an advanced knowledge of sleep technology, sleep/wake disorders and associated co-morbid conditions such as cardiac disease, pulmonary disorders and diabetes.

Program Overview: The majority of technical course work for the program is completed on-campus. The clinical experiences are 1-2 nights per week at hospitals and Sleep Centers in the greater Houston area. Graduates are prepared for Board Registration by the Board of Registered Polysomnographic Technologists (BRPT). The program is fully accredited by the Committee on Accreditation for Polysomnographic Technologists Education (CoA-PSG), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP), www.caahep.org.

Admission Requirements: A new class begins each spring semester. Application periods are typically August through October. Application must be submitted by November 1.

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

- Apply to Alvin Community College and fulfill the admission requirements. <http://www.alvincollege.edu/Steps-to-Getting-Started>
- Apply to the Polysomnography Program: Application Packets located at ACC or at <http://www.alvincollege.edu/Polysomnography>
- Attend an Polysomnography Information Session: Schedule a session at <http://www.alvincollege.edu/Polysomnography>
- Proof of college credit for BIOL 2401, BIOL 2402, and ENGL 1301 before the January start date.
- Not currently be on suspension or academic probation.
- Meet technical standards to perform procedures safely with accuracy and precision as listed in the application.
- After acceptance, applicant must complete a physical examination, meet immunization requirements, pass a background check, clear drug screening, provide proof of medical insurance, and attend the Polysom Program Orientation. Details on when and where to complete these will be provided in the acceptance Email.

PLA-Prior Learning Assessment

Credit may be awarded toward the AAS degree if the student meets the department requirements.

- Registered by BRPT as a RPSGT with a minimum of 2 years full time experience in Polysomnography
- Non Registered Polysomnography Technician with a minimum of 5 years full experience in Polysomnography

Progression Policy

- The Polysomnography students will abide by the admission and curriculum requirements of the Polysomnography Department at the time they are admitted or re-admitted to the program.
- Once a student has enrolled in the Polysomnography Program, all Polysomnography courses must be completed in the proper sequence as shown in the catalog and degree plan
- No grade below a C is in PSGT, RSPT, or HPRS courses is acceptable..
- Only two (2) attempts to pass a course will be permitted. An attempt is defined as a course in which a grade of D or F is recorded on the transcript.
- Students must complete the program within three (3) years after initial acceptance.

Statutory law (Texas Occupations Code, Chapter 53) requires the Alvin Community College nursing and allied health programs to notify prospective applicants and future healthcare professionals a licensing/credentialing authority may suspend or revoke a license/credential, disqualify a person from receiving a license/credential, or deny to a person the opportunity to take a licensing/credentialing examination on the grounds that the person has been convicted of certain criminal behavior.

INFORMATION **SESSIONS**

If you are interested in the Polysomnography Program, please attend an information session.

Sessions are held on campus and virtually. Go to www.alvincollege.edu/polysomnography for dates, times, and locations.

Polysomnography - Sleep Medicine

Associate of Applied Science Degree



Your College  **Right Now**

Application Deadline: November 1

Program Start: Spring Semester - January

Start Here

If you are new to ACC, apply online at: www.applytexas.org and submit official transcripts to Admissions.

Admission Requirements

REQUIRED COURSES - Completion of the following courses with a minimum grade of 'C' no later than spring semester of the application year.

- ☐ ENGL 1301 - Composition I
- ☐ BIOL 2401 - Anatomy & Physiology I
- ☐ BIOL 2402 - Anatomy & Physiology II

ACADEMIC COURSES - Completion of the following courses is not required at the time of application, but is strongly recommended prior to admission.

- ☐ 3 Credits: Social/Behavioral Science Core Elective
- ☐ 3 Credits: Creative Arts Core or Language, Philosophy & Culture Core Elective
- ☐ Must be TSI complete

Attend an Information Session

All applicants are required to attend an information session.

- ☐ Go to www.alvincollege.edu/polysom for upcoming information session dates
- ☐ Email your name and date you will be attending to polysom@alvincollege.edu

Submit Application

- ☐ Online application open July 1 - November 1
- ☐ Upload unofficial college transcript showing completion of required courses. Official college transcripts must be sent to Alvin Community College Registrar's office.
- ☐ Immunization record showing at least 2 or 3 shots completed in Hepatitis B series

What's Next?

Wait to be contacted by the department. Please be patient; it can take several weeks for admission applications to be processed.

Eligible applicants will be invited for interviews held approximately 2-3 weeks after the November 1 deadline.

If Accepted?

A condition of admission is based on completion and/or of submission of the following:

- ☐ Proof of personal health insurance
- ☐ Passing a drug screening
- ☐ Physical examination
- ☐ Immunization record showing:
Completion of Hepatitis B Immunization series (may take up to 6 months), MMR, TDaP, TB, Varicella, and Influenza (please note: a titer may be required for some of these immunizations)
- ☐ Cleared criminal background
- ☐ Attend program orientation

For more information, contact: polysom@alvincollege.edu

Admission steps are subject to change at any time.

Please visit <http://www.alvincollege.edu/admissions/getting-started-first-time-students.html> for the most up-to-date information.

Alvin Community College is an Equal Opportunity Institution. If you have a disability and need assistance or require special accommodations contact the Office of Disability Services at 281.756.3533 or ods@alvincollege.edu.

3110 Mustang Road
Alvin, Texas 77511-4898



**ASSOCIATE APPLIED SCIENCE DEGREE
POLYSOMNOGRAPHY
APPLICATION FOR ADMISSION**

(Please print in ink or type)

Last Name _____ ACC Student ID# _____

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 ☐ Electroneurodiagnostic ☐ 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 miss-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 _____

Return this form



Polysomnography Program

PERSONAL STATEMENT

(Please attach a separate sheet of paper if necessary)

1. Please explain in your own words why you wish to enroll in the PSGT Program.

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2. Please tell us about experiences in your life that have led you to a career in health care.

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Return this form



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/supervisors |
| 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. _____

Return this form

Page 2: Letter of Reference

Relationship to applicant ☐ Adviser
 ☐ Teacher
 ☐ Supervisor
 ☐ Other: Please indicate _____

How long have you known 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

Return this form



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.

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| ABILITIES/SKILLS | 3 | 2 | 1 | NO | |
|--------------------------------------|---|---|---|----|--|
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| 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 |
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| 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. _____

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Page 2: Letter of Reference

Relationship to applicant ☐ Adviser
 ☐ Teacher
 ☐ Supervisor
 ☐ other: Please indicate _____

How long have you known 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

Return this form



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 the 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. Only 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 and check eligibility criteria.



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.



POLYSOMNOGRAPHY

Technical Standards/General Job Description

Qualified applicants are expected to meet all admission criteria as well as essential functions. **Students requesting reasonable accommodations to meet these criteria must inform the Program Chair in writing of the need for accommodations at the time of admission. The student is expected to contact the ADA counselor in the new ESC (Enrollment Services Center) to file the appropriate forms documenting the need for accommodations.**

| FUNCTIONAL ABILITY CATEGORY | REPRESENTATIVE ACTIVITY/ATTRIBUTE | EXAMPLES |
|-----------------------------|---|--|
| GROSS MOTOR SKILLS | <ul style="list-style-type: none"> • Move within confined spaces • Sit and maintain balance • Stand and maintain balance • Reach above shoulders • Reach below waist | Stand to perform patient preparation for PSG exam. Raise/ lower arms and bend at waist or knees while applying electrodes and sensors. |
| FINE MOTOR SKILLS | <ul style="list-style-type: none"> • Pick up objects with hands • Grasp small objects with hands • Write with pen or pencil • Key/type • Pinch/pick or otherwise work with fingers • Twist • Squeeze with finger | Grasp electrodes and sensors with hands during patient preparation. Type patient information into PSG software with keyboard. Document on paper tech notes. Change settings computer software with computer mouse. Troubleshoot equipment by turning knobs and changing wires then observing improvements. |
| PHYSICAL ENDURANCE | <ul style="list-style-type: none"> • Sustain repetitive movements • Maintain physical tolerance for 8 or 12 hour periods • Ability to perform activities day, afternoon, evening and night. | Sitting in chair for long periods. Repetitive key strokes on keyboard while staging and scoring a PSG exam. Sit or stand for 12 hours shifts. Stand and perform repetitive procedure(s) on patients such as CPR. |
| PHYSICAL STRENGTH | <ul style="list-style-type: none"> • Push and pull 25 pounds • Support 25 pounds • Lift 25 pounds • Carry equipment/supplies • Use upper body strength • Squeeze with hands | Assist patient from bed to chair. Hoist patient up in bed. Move patient from stretcher to bed and back. |
| MOBILITY | <ul style="list-style-type: none"> • Twist • Bend • Stoop/squat • Move quickly • Climb • Walk | Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head. Make rapid adjustments if needed to ensure patient safety. Respond to patient quickly. |
| HEARING | <ul style="list-style-type: none"> • Hear normal speaking level sounds | Hear audible alarms. Hear patient over intercoms. Hear patients in dark |

| | | |
|------------------------|---|---|
| | <ul style="list-style-type: none"> • Hear faint voices • Hear in situation when not able to see lips • Hear auditory alarms | rooms. |
| VISUAL | <ul style="list-style-type: none"> • See objects up to 20 inches away • See objects up to 20 feet away • Use depth perception • Use peripheral vision • Distinguish color • Distinguish color intensity • See objects and read in low lighted areas | Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes in dimly lighted patient and control rooms. Confirm settings visually such as with ventilator display. |
| TACTILE | <ul style="list-style-type: none"> • Feel vibrations • Detect temperature • Feel differences in surface characteristics • Feel differences in sizes, shapes • Detect environmental temperature | Assess patient by feeling for patient pulse and O2 Saturation using pulse oximetry. |
| SMELL | <ul style="list-style-type: none"> • Detect odors from patients • Detect smoke • Detect gases or noxious smells | Assess for noxious odors originating from the patient or environment (example gas leak or smoke). |
| READING | <ul style="list-style-type: none"> • Read and understand written documents | Read and interpret physician orders, physician, therapist and nurses notes. Read from a computer monitor screen. Gather data reasonably accurate, and in a reasonable amount of time to ensure safe and effective patient care relative to other care givers. |
| MATH COMPETENCE | <ul style="list-style-type: none"> • Read and understand columns of writing • Read digital displays • Read graphic printouts • Calibrate equipment • Convert numbers to and/or from the Metric System • Read graphs • Tell time • Measure time • Count rates • Use measuring tools • Read measurement marks • Add, subtract, multiply, and/or divide whole numbers • Compute fractions • Use a calculator • Write numbers in records | Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate head measurements using 10-20 system. Convert time given in minutes into hours and minutes. Calculate sleep efficiency, sleep onset, and all calculations needed in the final PSG report. |

| | | |
|-----------------------------|--|---|
| EMOTIONAL STABILITY | <ul style="list-style-type: none"> • Establish appropriate emotional boundaries • Provide emotional support to others • Adapt to changing environment/stress • Deal with the unexpected • Focus attention on task • Monitor own emotions • Perform multiple responsibilities concurrently • Handle strong emotions | Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently. Maintain enough composure to provide for safe and effective patient care despite crisis circumstances. |
| ANALYTICAL THINKING | <ul style="list-style-type: none"> • Transfer knowledge from one situation to another • Process information • Evaluate outcomes • Problem solve • Prioritize tasks • Use long-term memory • Use short-term memory | Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nursing when necessary. |
| CRITICAL THINKING | <ul style="list-style-type: none"> • Identify cause-effect relationships • Plan/control activities for others • Synthesize knowledge and skills • Sequence information | Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan. |
| INTERPERSONAL SKILLS | <ul style="list-style-type: none"> • Negotiate interpersonal conflict • Respect differences in patients, fellow students, and members of the healthcare team. • Establish rapport with patients, fellow students, and members of the healthcare team. | Communicate effectively with disagreeable patients, family doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient. |
| COMMUNICATION SKILLS | <ul style="list-style-type: none"> • Teach • Explain procedures • Give oral reports • Interact with others • Speak on the telephone • Influence people • Convey information through writing | Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care. |



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**.

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: _____

Return this form



POLYSOMNOGRAPHY

Immunizations (Required by State Law/Clinical Facilities)

PRIOR TO APPLICATION:

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 at least the **first two** immunizations at time of application. Documentation of the third vaccination must be provided at orientation.

AFTER ACCEPTANCE:

Tuberculin Test (PPD): REQUIRED ANNUALLY

Should be done close to the time you begin the program to last throughout the academic year

Chest x-ray required if PPD is positive (include signed copy of chest x-ray results).

Varicella (Chicken pox):

Vaccination with two doses of Varicella vaccine administered 4-8 weeks apart.

OR

Serologic test positive for Varicella antibody. (Attach laboratory proof of varicella immunity)

MMR (measles mumps and rubella)

Vaccination with two doses of MMR vaccine administered at least 28 days apart

OR

Serologic test positive for MMR antibodies. (Attach laboratory proof of MMR immunity)

TDaP (Tetanus, Diphtheria, Pertussis):

Immunization for TDaP administered on or after 18th birthday. (Vaccination **MUST** include Pertussis)

Seasonal Flu: REQUIRED ANNUALLY

A seasonal flu vaccine is required prior to October 1st for continued clinical participation.



POLYSOMNOGRAPHY

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 email the program director to schedule a time. Jordan Rusk jrusk@alvincollege.edu. You will visit our PSGT Department and observe our students perform a Polysomnography. You may be asked to participate as a volunteer patient.

Applicant visited on: _____

Instructor's name: _____

Return this form



Background Check

BRPT Credential Holders provides care that includes therapeutic contact with a variety of patients, including children and the elderly. This care may be of an intimate physical nature, and performed in settings which are isolated and under minimal supervision. BRPT Credential Holders is placed in a position of public trust. In order to protect the public, the BRPT may perform a criminal history background check and/or deny an application based on the commission of certain serious offenses.

Answers to the following questions are mandatory. Failure to respond to each question will result in the application being returned. Failure to provide accurate, true and correct information shall constitute grounds for rejection of your application, or revocation of the BRPT credential.

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? Please include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. For the purposes of this question, driving under the influence and driving while impaired are not considered minor traffic offenses.

☐ Yes ☐ No ☐ Yes, but I have already submitted the required supporting documentation with a past exam application.

Are you now or have you ever been a defendant in a civil litigation in which the basis of the complaint against you was alleged negligence, malpractice, lack of professional competence, or sexual misconduct?

☐ Yes ☐ No ☐ Yes, but I have already submitted the required supporting documentation with a past exam application.

Has any licensing, certifying, professional or disciplinary authority refused to issue a license or certification or ever revoked, annulled, cancelled, suspended, placed on probation or refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

☐ Yes ☐ No ☐ Yes, but I have already submitted the required supporting documentation with a past exam application.

Have you ever voluntarily surrendered a license or certificate in order to avoid disciplinary action by a licensing or certification authority?

☐ Yes ☐ No ☐ Yes, but I have already submitted the required supporting documentation with a past exam application.

Is there currently pending against you, in any state or jurisdiction, or with any licensing, certification agency or professional society, a complaint against your professional conduct or competence?

☐ Yes ☐ No ☐ Yes, but I have already submitted the required supporting documentation with a past exam application.

If you answered "YES" to any of the above questions, you must submit the following before your application will be considered complete. Failure to provide such documentation will result in your application being rejected.

1.) A complete written explanation in your own words of the circumstances surrounding the proceedings, including a narrative describing:

- » Where the incident occurred
- » The date the incident occurred
- » The outcome of the proceedings
- » Any penalty/sentence associated with the incident

2.) Copies of court and other official documentation that all penalties and/or court-ordered obligations have been fulfilled.

- » Court Documents - particularly documentation showing that your sentence has been completed
- » Official Documents - documents from any credentialing/administrative/legislative body that detail the incident and state that your obligations have been met

3.) Receipts for payment of any fees

- » Proof that probation and/or parole has been completed
- » Proof that any classes or community service has been fulfilled.
- » If candidates cannot access these documents, they may submit the results of a private background check, the scope of which must cover the date of the incident/incidences. Alternatively, they may request a notarized letter from the clerk of the court stating that all legal and financial obligations have been met, or a similar letter from the credentialing/professional agency stating that they are in good standing.

The more complete the information provided, the less time needed to review your eligibility status. Missing or incomplete information will delay the processing of your application. All information submitted in accordance with this section shall remain confidential, except that it may be disclosed to the BRPT staff, the Application Review Committee and BRPT legal counsel for processing, and, when necessary, the BRPT Board of Directors. If the BRPT deems necessary to perform a criminal background check, you will be notified to provide your consent and pay the fee of \$50. European Union residents are advised to check applicable criminal record restrictions as mandated by GDPR.



POLYSOMNOGRAPHY

Background Check for the BRPT National Registry Exam

My signature below indicates that I have read the policy on Background Check for the application to the BRPT examination. I certify that I have read the policy and qualify to take the national registry exam upon graduation from the Polysomnography Program.

Applicant Signature

Return this form

CORE CURRICULUM

Associate of Arts and Associate of Science Degrees
Effective Fall 2019

| Component Area | Courses | Hours |
|--|--|-----------|
| Communication 010 | Required: ENGL 1301 and ENGL 1302 <u>or</u> 2311 | 6 |
| Mathematics 020 | Select one: MATH 1314, 1324, 1325, 1332, 1342, 1350, 2412, 2413, 2414 | 3 |
| Life & Physical Sciences 030 <i>(formerly Natural Sciences)</i> | Select <u>two</u>: ASTR 1403, 1404 BIOL 1308, 1309, 1406, 1407, 2401, 2402 CHEM 1405, 1411, 1412, 2423, 2425 GEOL 1301, 1303, 1401, 1403, 1404, 1405, 1445, 1447 PHYS 1301, 1401, 1402, 1403, 1404, 2425, 2426 | 6 |
| Language, Philosophy & Culture 040 <i>(formerly Humanities)</i> | Select one: COMM 1307 ENGL 2322, 2323, 2327, 2328, 2332, 2333 FREN 2311, 2312 HUMA 1301, 1302 PHIL 1301, 1304, 2306 SPAN 2311, 2312, 2313, 2315 | 3 |
| Creative Arts 050 <i>(formerly Visual & Performing Arts)</i> | Select one: ARTS 1301, 1303, 1304 COMM 2366 DRAM 1310, 1351, 1352 2362, 2366 MUSI 1306, 1307, 1310 | 3 |
| American History 060 <i>(formerly U.S. History)</i> | Select <u>one</u> HIST 1301 and 1302 or 2301, <u>group</u>: HIST 2327 and 2328 or 2301 | 6 |
| Government / Political Science 070 <i>(formerly Political Science)</i> | Required: GOVT 2305 and 2306 | 6 |
| Social & Behavioral Sciences 080 | Select one: ECON 2301, 2302 GEOG 1303 PSYC 2301 SOCI 1301 | 3 |
| Component Area Options 090 | Select one from each group: <u>Group One:</u> SPCH 1315, 1318, 2335 <u>Group Two:</u> PSYC 1300 (recommended) or Any course contained in the Core Curriculum that has not already been used to fulfill requirements for each Component Area | 6 |
| TOTAL CORE CURRICULUM CREDITS | | 42 |

Compensation by Position Summary Table - 2016

| | | Hourly | | Annually | | Per Patient | | Differential |
|------------------------|--------|----------------------|-----------------|------------------------|-------------------|---------------------------|----------------------|-------------------------------------|
| | | Starting hourly rate | Top hourly rate | Starting annual salary | Top annual salary | Starting rate per patient | Top rate per patient | Night shift hourly pay differential |
| Trainee | Median | \$15.00 | \$18.75 | - | - | | | \$1.90 |
| | Mean | \$16.29 | \$20.91 | - | - | | | \$1.78 |
| | N | 91 | 76 | | | | | 74 |
| Technician | Median | \$18.00 | \$24.00 | \$44,500.00 | \$72,500.00 | \$100.00 | | |
| | Mean | \$18.84 | \$24.44 | \$49,013.00 | \$73,689.50 | \$99.00 | | |
| | N | 168 | 156 | 6 | 6 | 5 | | |
| Technologist | Median | \$22.00 | \$29.85 | \$55,000.00 | \$69,880.00 | \$152.50 | \$170.00 | |
| | Mean | \$22.27 | \$30.04 | \$54,947.64 | \$69,316.57 | \$156.42 | \$174.75 | |
| | N | 387 | 375 | 33 | 35 | 13 | 10 | |
| Scorer | Median | \$23.00 | \$30.00 | \$46,000.00 | \$68,000.00 | \$30.00 | \$35.00 | |
| | Mean | \$23.81 | \$30.60 | \$48,596.00 | \$74,180.00 | \$34.29 | \$38.96 | |
| | N | 220 | 207 | 18 | 16 | 24 | 23 | |
| Specialty Technologist | Median | \$24.00 | \$31.00 | \$56,000.00 | \$76,500.00 | | | |
| | Mean | \$24.78 | \$32.74 | \$50,833.33 | \$63,833.33 | | | |
| | N | 71 | 70 | 6 | 6 | | | |
| Shift Supervisor | Median | \$24.12 | \$30.05 | \$60,000.00 | \$82,092.00 | | | |
| | Mean | \$24.52 | \$31.32 | \$63,072.67 | \$80,593.65 | | | |
| | N | 103 | 104 | 18 | 17 | | | |
| Clinical Coordinator | Median | \$25.00 | \$31.75 | \$62,000.00 | \$72,000.00 | | | |
| | Mean | \$24.93 | \$30.79 | \$66,330.73 | \$76,819.36 | | | |
| | N | 71 | 76 | 41 | 39 | | | |
| Manager/Director | Median | \$28.00 | \$35.00 | \$65,000.00 | \$83,000.00 | | | |
| | Mean | \$28.71 | \$35.71 | \$70,028.45 | \$87,322.82 | | | |
| | N | 70 | 73 | 179 | 164 | | | |

Note: A dash (-) denotes insufficient sample size for calculation.