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