



WHO: Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board
Rules Advisory Committee

WHEN: February 7, 2020 at 9 a.m.

WHERE: Health Licensing Office
Rhoades Conference Room
1430 Tandem Ave. NE Suite 180
Salem, OR 97301-2192

What is the purpose of the meeting?

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/oha/hlo/Pages/Board-RTPT-Polysom-Information.aspx> for current meeting information.

May the public attend the meeting?

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

May the public attend a teleconference meeting?

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 1430 Tandem Ave. NE Suite 180, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

What if the board/council enters into executive session?

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

Who do I contact if I have questions or need special accommodations?

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact Maria Gutierrez at maria.s.gutierrea@state.or.us



Health Licensing Office
Respiratory Therapist and Polysomnographic Technologist Licensing Board
Rules Advisory Committee



February 7, 2020 at 9 a.m.
1430 Tandem Ave. NE Suite 180
Salem, Oregon

#	Topic	Content
1	Call to Order Introductions Agenda Timeline Review	<ul style="list-style-type: none">• Call Rules Advisory Committee (RAC) to order• Agenda overview• Rule schedule timeline
2	Presentation	<ul style="list-style-type: none">• How to be an effective RAC member• Difference between a statute and rule
3	Rule Review	<ul style="list-style-type: none">• Education & training - BRPT Certification in Clinical Sleep Health• Examinations – ABSM, Registered Sleep Technologist• Continuing education – cultural competency• Safety – patient abandonment• Other associated business
4	Working Lunch Break	
5	Continued Rule Review	<ul style="list-style-type: none">• Education & training - BRPT Certification in Clinical Sleep Health• Examinations – ABSM, Registered Sleep Technologist• Continuing education – cultural competency• Safety – patient abandonment• Other associated business
6	Break	
7	Statement of Need and Fiscal Impact	<ul style="list-style-type: none">• Effect on the public and small business• Cost of compliance with proposed rules
8	Next Steps	<ul style="list-style-type: none">• Future RAC meetings
9	Public Comment	

Agenda is subject to change.

For the most up to date information visit www.oregon.gov/oha/hlo

RTPT RAC: 9 item(s)

☞	Nicholas Gaffney	Gaffney, Nicholas	RTPT RAC
☞	Angel Kelly	Kelly, Angel	RTPT RAC
☞	Keith Knittle	Knittle, Keith	RTPT RAC
☞	Katy Norton	Norton, Katy	RTPT RAC
☞	Robin Rojo	Rojo, Robin	RTPT RAC
☞	Cristan L. St Marie	St Marie, Cristan L.	RTPT RAC
☞	Lucinda S Tatman	Tatman, Lucinda S	RTPT RAC
☞	Christopher J Vanc...	Vancura, Christopher J	RTPT RAC
☞	Richard Webb	Webb, Richard	RTPT RAC

Rules Advisory Committee Training

February 7, 2020

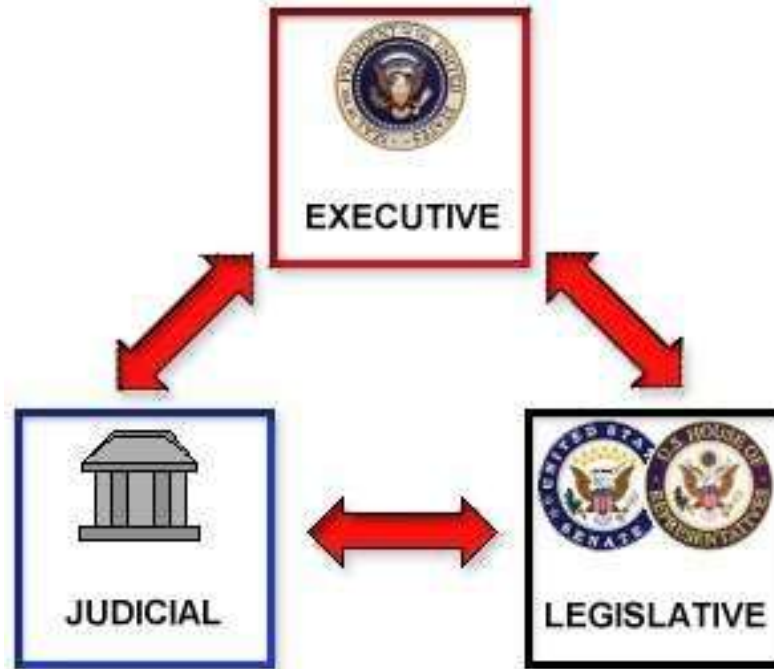
Assistant Attorney General Heather Vogelsong
Respiratory Therapist and Polysomnographic
Technologist Licensing Board/HLO

Three Branches of Government

Legislature:
Makes the Laws

Executive Branch:
Carries out the
Laws

Judicial Branch:
Interprets the
Laws



What are statutes?

- Laws that are enacted (created) by the legislature.



Agencies only have the powers given to them by statutes.

A state agency "has no inherent power, but only such power and authority as has been conferred upon it by its organic legislation." *Ochoco Const., Inc. v. Department of Land Conservation and Development*, 295 Or 422, 426, 667 P2d 499 (1983).



What are rules?



- Laws that are promulgated (created) by agencies.
- Agency's power to create rules is grounded in its governing statutes.

An agency is a creature of statute. It has no inherent power, but only such power and authority as has been conferred upon it by its organic legislation. This power includes that expressly conferred by statute as well as such implied power as is necessary to carry out the power expressly granted. Stated somewhat differently, a statute which creates an administrative agency and invests it with its power is likewise the measure of its power.

Ochoco Construction, Inc. v. Department of Land Conservation and Development, 56 Or App 32, 40 (1982).

A Vocabulary Detour

ORS = Oregon Revised Statute

“ORS 676.655”

OAR = Oregon Administrative Rule

“OAR 331-010-0000”



When enacting rules, an agency must look to what authority was given by the legislature.

How do we know that? We look at the words in the statutes that govern the agency.

- Exact terms.
- Inexact terms.
- Delegative terms.

--*Springfield Education Assn v. School Dist*, 290 Or 217, 621 P2d 547 (1980).



Exact terms.

Words of precise meaning.

We know exactly what the legislature meant:

No changing these by rule!

Examples:

- 21 years of age
- 30 days
- Marion County



Inexact Terms.

Those of less precise meaning that require agency interpretation: word has different possible meanings and interpretations.

Agency's goal: determine what the legislature intended!

“An agency may express its determination of which interpretation effectuates the statutory policy either by rule or, as here, by order in a contested case.” --*Springfield*.

Examples:

- Employee.
- Weapon.
- Wildlife.



How does an agency figure out what the legislature intended?

A three step method is used:

1. Examine the text and context of the statute. This step is given primary weight in the analysis;
- 2: Examine legislative history;
- 3: If after the first two steps the legislature's intent is ambiguous, general maxims of statutory construction are used to clarify the intent. *State v. Gaines*, 346 Or. 160, 171-172 (2009).

Delegative Terms

Those terms that "express non-completed legislation in which the agency is given delegated authority to complete."

Example: ORS 688.819



“(1) An applicant for a polysomnographic technologist license shall: * * * * *

(b) Pass an examination approved by the board.”

Even with delegative terms, agencies must stay within intent of legislature



Rulemaking Process In a Nutshell

- RAC provides advice/recommendations.
- Rules are drafted.
- Draft rules are filed with Secretary of State and notice given to interested parties.
- Public may comment on rules before rules are enacted.
- Board/Agency considers public comment, discusses and determines final rules.
- Rules are filed with Secretary of State.



What's the purpose of a RAC?

- Public Involvement
- Members represent the interests of persons likely to be affected by the rule.
- RAC provides advice/recommendations on rules to Board/Agency.
- This RAC held in a public meeting



What are the basic requirements for conducting a public meeting?

- I. Notice the Meeting
- II. Access by the Public
- III. Access by Persons with Disabilities
- IV. Record or Take Minutes
- V. Vote on Official Actions



Fiscal Impact

In addition, HLO and the Board need your recommendations on:

- whether the rule will have a fiscal impact,
- what the extent of that impact will be and
- whether the rule will have a significant adverse impact on small businesses.



Rules

688.830. Duties of Health Licensing Office and of Board

(1) The Health Licensing Office shall:

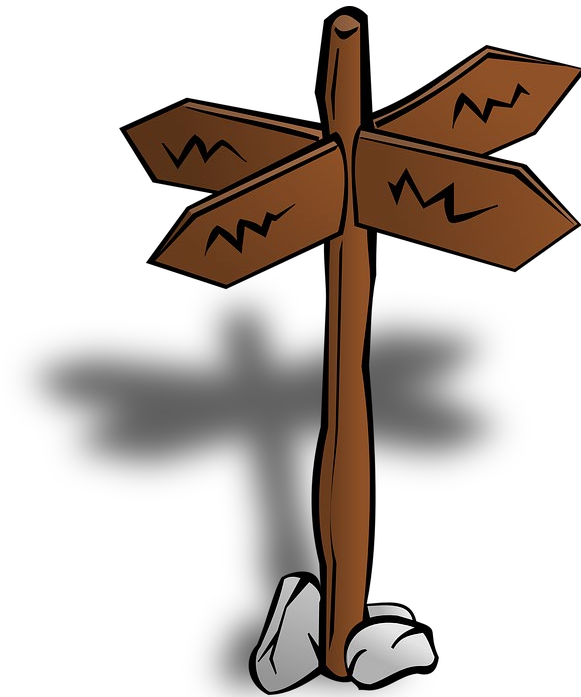
(b) Adopt rules that are necessary to conduct its business related to, carry out its duties under and administer [RTPT statutes].

(2) The Respiratory Therapist and Polysomnographic Technologist Licensing Board shall:

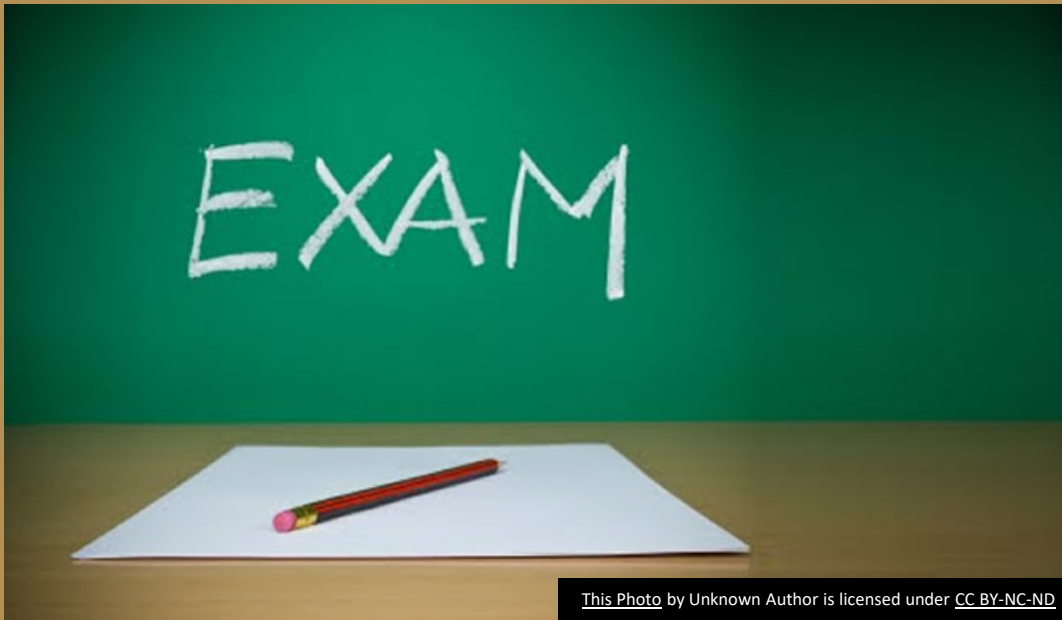
(a) Establish standards of practice and professional responsibility for persons licensed by the office.

(b) Provide for waivers of examinations, grandfathering requirements and temporary licenses as considered appropriate.

The statutes need to be your constant guidepost in order to give effective advice to the Board and HLO about rulemaking.



Whether to add the ABSM RST exam to the list of polysomnographic approved exams.



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

ORS 688.819

“(1) An applicant for a polysomnographic technologist license shall: * * * * *

(b) Pass an examination approved by the board.”

ORS 676.850 Cultural Competency

Current ORS 676.850 is permissive: “may adopt rules * * * may require a person authorized to practice the profession * * * to receive cultural competency continuing education * * * .”

HB 2011 (2019) changed that for the future.



ORS 676.850 Cultural Competency

Starting in January 2021:

(2)(a) A board **shall adopt rules** to require a person authorized to practice the profession regulated by the board to complete cultural competency continuing education. Completion of the continuing education described in this subsection shall be a condition of renewal of an authorization to practice the profession regulated by the board every other time that the person's authorization is subject to renewal.

(b) Cultural competency continuing education courses may be taken in addition to or, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(c) A board shall consider the availability of the continuing education described in this subsection when adopting rules regarding the required number of credits of continuing education.

(d) A board shall encourage, but may not require, the completion of continuing education approved by the Oregon Health Authority under ORS 413.450. A board shall accept as meeting the requirements of this subsection continuing education that meets the skills requirements established by the authority by rule.

(3) The requirements of subsection (2) of this section do not apply to a person authorized to practice a profession regulated by a board if the person is:

- (a) Retired and not practicing the profession in any state;
- (b) Not practicing the profession in this state; or
- (c) Residing in this state but not practicing the profession in any state.



ORS 676.850 Cultural Competency

Starting in January 2021:

(2)(a) A board **shall adopt rules** to require a person authorized to practice the profession regulated by the board **to complete** cultural competency continuing education. **Completion** of the continuing education described in this subsection **shall be a condition of renewal** of an authorization to practice the profession regulated by the board every other time that the person's authorization is subject to renewal.



ORS 676.850 Cultural Competency

Starting in January 2021:

(3) The requirements of subsection (2) of this section **do not apply** to a person authorized to practice a profession regulated by a board if the person is:

(a) Retired and not practicing the profession in any state;

(b) Not practicing the profession in this state; or

(c) Residing in this state but not practicing the profession in any state.



ORS 676.850 Cultural Competency

Starting in January 2021:

(2)(b) Cultural competency continuing education courses **may be taken in addition to or**, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, **instead of any other continuing education requirement** imposed by the board.



ORS 676.850 Cultural Competency

Starting in January 2021:

(2)(b) Cultural competency continuing education courses may be taken in addition to or, **if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of** any other continuing education requirement imposed by the board.



ORS 676.850 Cultural Competency

Starting in January 2021:

(2)(c) A board **shall consider the availability** of the continuing education described in this subsection when adopting rules **regarding the required number of credits** of continuing education.



ORS 676.850 Cultural Competency

Starting in January 2021:

(2)(d) A **board shall encourage, but may not require**, the completion of **continuing education approved by the Oregon Health Authority** under ORS 413.450. A board **shall accept** as meeting the requirements of this subsection **continuing education that meets the skills requirements established by the authority** by rule.



ORS 676.850 Cultural Competency – RAC Considerations

- Require a licensee to complete cultural competency CE
- Whether to make cultural competency an additional requirement or in lieu of a current requirement
- Consider availability of CE when deciding amount of CE
- Encourage, but not require, completion through OHA approved CE



ORS 413.450 Cultural Competency (OHA CE Opportunities)

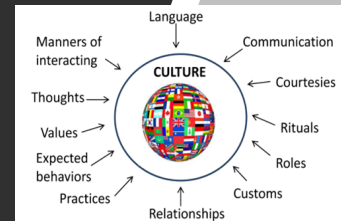
OHA's currently approved
continuing education
trainings:

https://www.oregon.gov/oha/OEI/CCCEMtgDocs/CCCE%20Registry_102819.pdf



ORS 413.450 Cultural Competency (OHA CE Opportunities)

(2) The [Oregon Health] authority shall develop a list of continuing education opportunities relating to cultural competency and make the list available to each board * * * .



ORS 413.450 Cultural Competency (OHA CE Opportunities)

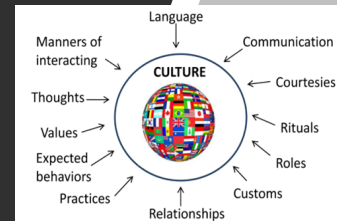
(4) The continuing education opportunities must teach attitudes, knowledge and skills that enable a health care professional to care effectively for patients from diverse cultures, groups and communities, including but not limited to . . .



ORS 413.450 Cultural Competency (OHA CE Opportunities)

(4) The continuing education opportunities must teach * * *, including but not limited to:

- (a) Applying linguistic skills to communicate effectively with patients from diverse cultures, groups and communities;
- (b) Using cultural information to establish therapeutic relationships; and
- (c) Eliciting, understanding and applying cultural and ethnic data in the process of clinical care.



THANK YOU!



**Division 705
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD- GENERAL ADMINISTRATION**

**331-705-0050
Definitions**

The following definitions apply to OAR 331-705-0000 through 331-720-0020:

(1) "Affidavit of Licensure" means an original document or other approved means of verifying an authorization to practice (certification, licensure or registration) status and history, including information disclosing all unresolved or outstanding penalties and/or disciplinary actions. Refer to OAR 331-030-0040.

~~(2)~~ "Agency" means the Oregon Health Licensing Agency.

~~(3)~~(2) "AASM" means the American Academy of Sleep Medicine.

~~(4)~~(3) "A-STEP" means the Accredited Sleep Technology Education Program.

~~(5)~~(4) "BRPT" means Board of Registered Polysomnographic Technologists.

~~(6)~~(5) "CAAHEP" means Commission on Accreditation of Allied Health Education Programs.

~~(7)~~ "CoARC" means Commission on Accreditation for Respiratory Care.

~~(8)~~(7) "NBRC" means the National Board for Respiratory Care.

~~(9)~~(8) "Official transcript" means an original document authorized by the appropriate office in the Oregon Department of Education ~~and or~~ certified by a college or university indicating applicant identity information, hours and types of course work, examinations and scores that the student has completed. Original documents must be submitted directly to the Agency Office from the college or university by United States Postal Service mail or other recognized mail service providers in a sealed envelope;

~~(10)~~(9) "RPSGT" means Registered Polysomnographic Technologists.

~~(11)~~(10) "RRT" means Registered Respiratory Therapist.

~~(12)~~(11) "Qualified Medical Director for Polysomnography" has the definition set forth in ORS Chapter 688.800.

~~(13)~~(12) "Qualified Medical Director for Respiratory Care" has the definition set forth in ORS Chapter 688.800.

Statutory/Other Authority: ORS 676.605, 676.615, & 688.830
Statutes/Other Implemented: 688.830, ORS 676.605 & 676.615
History:

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

331-705-0080

Licensure Exemption for Supervisors and Polysomnography Students

(1) Students actively enrolled in the following education programs are exempt from polysomnographic technologist licensure pursuant to ORS 688.805(2)(b)(A):

(a) Associate's degree program in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college, or university; or

(b) Polysomnography course of study from a CAAHEP accredited institution;

(2) In accordance with ORS 688.805(2)(b)(B) to be exempt from licensure students in subsection (1) of this rule must be supervised by one of the following:

(a) A licensed polysomnographic technician;

(b) A qualified medical director for polysomnography;

(c) Respiratory therapist who holds a Sleep Disorder Specialty credential through the NBRC; or

(d) Respiratory therapist who holds a RSPGT credential through the BRPT.

(3) Direct supervision, for the purpose of this rule, is supervision of a student in polysomnography by an approved supervisor who is physically present with the student while the student is working. The supervisor must exercise direction and control over the student's work. An approved supervisor supervising a student may not supervise more than one student per shift.

Statutory/Other Authority: ORS 676.606, 676.607, 676.611, 676.615 & 688.830

Statutes/Other Implemented: ORS 688.800 & 688.805

History:

HLA 7-2013, f. 5-16-13, cert. ef. 6-1-13

HLA 5-2013(Temp), f. 3-12-13, cert. ef. 4-1-13 thru 9-28-13

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

**Division 710
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — APPLICATION FOR LICENSURE**

331-710-0000

Training

Training, or formal education, required for licensure is a planned sequence of instruction of specific content, pursuant to ORS 688.815(1)(c), structured to meet stated curriculum objectives which includes evaluation of attainment of those objectives, and offered by a post-secondary educational institution accredited by the Committee On Accreditation For Respiratory Care, or its successors, or recognized by the National Board for Respiratory Care.

Statutory/Other Authority: ORS 676.605, 676.615, 688.815 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615, 688.815 & 688.830

History:

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

331-710-0005

Respiratory Therapist License

(1) A respiratory therapist license holder, licensed under ORS 688.815, may perform respiratory care services and polysomnography services defined under ORS 688.800.

(2) A respiratory therapist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

Statutory/Other Authority: ORS 676.605, 676.615, 688.815 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615, 688.815 & 688.830

History:

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0010

Application Requirements for a Respiratory Therapist License

An individual applying for licensure to practice respiratory care must:

(1) Meet the requirements of OAR 331 division 30.

(2) Submit a completed application form prescribed by the ~~Agency Office~~, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees.

- (3) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;
- (4) Be at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or military/government identification;
- (5) Submit proof of having a high school diploma or equivalent; and
- (6) Submit satisfactory evidence of having an active credential as an RRT through the NBRC. Proof of having an active RRT credential must be submitted directly to the Office by the NBRC;
- (7) Submit proof of having passed the Respiratory Therapy Oregon Laws and Administrative rules examination within two years before the date of application.
- (8) An individual licensed prior to January 1, 2018 who obtained licensure with a Certified Respiratory Therapist (CRT) credential through the NBRC is not required to obtain the RRT credential.

NOTE: The applicant is responsible for payment of fees assessed by the organization when obtaining required official documentation.

Statutory/Other Authority: ORS 676.605, 676.615, 688.815, 688.830 & 676.612
Statutes/Other Implemented: ORS 676.605, 676.615, 688.815, 688.830 & 676.612
History:

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05

HLO 10-2004(Temp), f. & cert. ef. 11-8-04 thru 3-31-05

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

331-710-0015

Temporary Respiratory Therapist Licensure

- (1) A respiratory therapist temporary license authorizes a holder to practice respiratory care under supervision and pending passage of the qualifying examination.
- (2) For the purpose of this rule supervision means the required presence of a licensed respiratory therapist or qualified Medical Director for respiratory care within the work location at the same time as the respiratory therapist temporary license holder.

(3) A respiratory therapist temporary license holder must notify the Agency Office within 10 calendar days of changes in employment status or supervisor.

(4) A respiratory therapy temporary license is valid for six months and may not be renewed.

Statutory/Other Authority: ORS 676.605, 676.615, 688.815 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615, 688.815 & 688.830

History:

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0020

Application Requirements for a Temporary Respiratory Therapist License

To qualify for a respiratory therapist temporary license ~~for~~ the applicant must:

(1) Meet the requirements of OAR 331 division 30;

(2) Submit a completed application form prescribed by the Agency Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application and license fees;

(3) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(4) Be at least 18 years of age, and provide official documentation confirming the applicant's date of birth, such as a copy of the birth certificate, driver's license, or passport;

(5) Submit official transcripts showing proof of having completed an Associate's degree in respiratory therapy or a statement, signed by the Registrar or a Dean of a college or university and sent directly to the Agency Office from that college or university, verifying the applicant has completed all work necessary to obtain a degree in respiratory care; and

(6) Provide information identifying supervisor pursuant to OAR 331-710-0015.

Statutory/Other Authority: ORS 676.605, 676.615, 688.815, 688.830 & 676.612

Statutes/Other Implemented: ORS 676.605, 676.615, 688.815, 688.830 & 676.612

History:

HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

Commented [PS1]: <https://www.nbrc.org/examinations/rtr/#admission-requirements>

331-710-0045

Polysomnographic Technologist License

(1) A polysomnographic technologist, licensed under ORS 688.815, may perform polysomnography services defined under ORS 688.800.

(2) A polysomnographic technologist license is good for one year and becomes inactive on the last day of the month one year from the date of issuance.

Statutory/Other Authority: ORS 676.605, 676.615, 688.815 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615, 688.815 & 688.830

History:

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-710-0050

Application Requirements for Polysomnographic Technologist License

(1) An individual applying for licensure to practice polysomnography must:

(a) Meet the requirements of OAR chapter 331 division 30;

(b) Submit a completed application form prescribed by the ~~Agency Office~~, containing the information listed in OAR 331-030-0000 and accompanied by payment of the required fees;

(c) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(d) Be at least 18 years of age, and must provide documentation, confirming date of birth, such as a copy of the birth certificate, driver's license or passport;

(e) Submit proof of having a high school diploma or equivalent;

(f) Submit all required fees; and

(2) Submit documentation of qualification through one of the following pathways:

(a) License Pathway One Academic Degree: An applicant under pathway one must:

(A) Submit official transcripts defined under OAR 331-705-0050 showing successful completion of an Associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution. In addition to an official transcript defined under 331-705-0050 an applicant who has obtained education through a CAAHEP accredited institution must submit a statement, signed by the Registrar or a Dean of a college or

Commented [PS2]: BRPT Certification in Clinical Sleep Health
<https://www.brpt.org/ccsh/>

university and sent directly to the Agency-Office from that college or university, verifying the applicant has successfully completed a polysomnography course of study;

(B) Submit satisfactory evidence of passage a Board approved examination listed under OAR 331-712-0010(1) within two years before the date of application. Examination results must be submitted to the Agency-Office directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable; and

(C) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(b) License Pathway Two Polysomnographic Technologist Temporary Licensee: An applicant under pathway two ~~must~~ applying for permanent licensure must:

(A) Submit documentation showing completion of 18 months of training and work experience pursuant to OAR 331-710-0110, obtained under polysomnographic technologist temporary-DS licensure (See 331-710-0060) and temporary-IS licensure (See 331-710-0080), including verification by an approved supervisor pursuant to 331-710-0100, and certification of successful completion and satisfactory performance of such experience by a qualified medical director for polysomnography, all on forms provided by the Agency-Office;

(B) Submit satisfactory evidence of passage of a Board approved examination listed under OAR 331-712-0010(1) or (2) within two years before the date of application. Examination results must be submitted to the Agency-Office directly from the examination provider; examination results or other documentation provided directly by the applicant are not acceptable; and

(C) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(c) License Pathway Three Reciprocity: An applicant under pathway three must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040, from every state where the applicant has been licensed as a polysomnographic technologist, including an affidavit of licensure demonstrating proof of a current polysomnographic technologist license from another state, obtained through qualifications substantially equivalent to Oregon's requirements. At least one of the applicant's out-of-state licenses must be active and all of the applicant's out-of-state licenses must not be subject to current or pending disciplinary action, and must be free from disciplinary history for three years before the date of application for Oregon polysomnographic licensure; and

(B) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(d) License Pathway Four Endorsement: An applicant may qualify for licensure by endorsement if the applicant holds a qualifying professional credential in another field. An applicant under pathway four must:

(A) Submit an affidavit of licensure pursuant to OAR 331-030-0040 demonstrating proof of a current license, which is active with no current or pending disciplinary action, and no disciplinary history for the three years before the date of application for Oregon polysomnographic licensure, as a:

(B) Physician (Doctor of Medicine or Doctor of Osteopathy) licensed under ORS Chapter 677;

(C) Respiratory therapist licensed under ORS chapter 688 with the RPSGT credential from the BRPT; or

(D) CRT or RRT who holds a Sleep Disorder Specialty credential through NBRC; and

(E) Submit satisfactory evidence of having passed the Board approved examination listed under OAR 331-712-0010(3) within two years before the date of application.

(e) License Pathway Five BRPT Credential: Pursuant to ORS 688.819 an applicant under pathway five must submit documentation showing completion of a combined education and training program required and approved by the BRPT as of March 1, 2013; and must:

(A) Prove successful passage of the RPSGT examination provided by the BRPT:

(i) After completing a combined education and training program required and approved by the BRPT as of March 1, 2013; or

(ii) Before the BRPT required an individual to complete a combined education and training program in order to take the examination, and has since met the education and training requirements established by the BRPT as of March 1, 2013;

(B) Submit satisfactory evidence of having passed the Oregon Laws and Rules examination for polysomnography listed under OAR 331-712-0010(3) within two years before the date of application.

(C) For the purpose of subsection (e) of this rule “education” includes a self-study education program approved by the BRPT as of March 1, 2013.

(D) For the purpose of subsection (e) of this rule combined education and training and examination results must be submitted to the ~~Agency Office~~ directly from the BRPT; examination results or other documentation provided directly by the applicant are not acceptable.

(E) A copy of the 2013 BRPT RPSGT Candidate Handbook is available at the Health Licensing Office or a PDF version is available at http://www.brpt.org/downloads/exam/BRPT-RPSGT-Candidate-Handbook_2014_11-2014.pdf.

Statutory/Other Authority: ORS 676.605, 676.615, 688.830, 676.612, 676.576 & 688.819

Statutes/Other Implemented: ORS 676.605, 676.615, 688.830, 676.612 & 688.819

History:

[HLO 67-2018, minor correction filed 02/07/2018, effective 02/07/2018](#)

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 5-2015, f. 12-21-15, cert. ef. 1-1-16

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

[331-710-0060](#)

Polysomnographic Technologist Temporary-DS (Direct Supervision) Licensure

(1) A polysomnographic technologist Temporary-DS license authorizes the holder to temporarily practice polysomnography under direct supervision by an approved supervisor.

(2) Direct supervision is supervision of the Temporary-DS licensee by an approved supervisor who is immediately physically present with the Temporary-DS licensee while the Temporary-DS licensee is working, and who exercises direction and control over the Temporary-DS licensee's work.

(3) A polysomnographic technologist Temporary-DS license holder must notify the [Agency Office](#) within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-DS license is valid for six months and may not be renewed.

Statutory/Other Authority: ORS 676.615, 676.607, 688.819 & 688.830

Statutes/Other Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

History:

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

[331-710-0070](#)

Application Requirements for Polysomnographic Technologist Temporary-DS License

An applicant for a polysomnographic technologist Temporary-DS license must:

- (1) Meet the requirements of OAR chapter 331 division 30;
- (2) Submit a completed application form prescribed by the ~~agency Office~~, containing the information listed in OAR 331-030-0000 and accompanied by payment of all required fees;
- (3) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;
- (4) Be at least 18 years of age, and must provide documentation confirming date of birth, such as a copy of the birth certificate, driver's license, or passport;
- (5) Submit proof of having a high school diploma or equivalent; and
- (6) Submit a certificate of completion for the AASM A-STEP Self Study Modules; and
- (7) Submit information identifying the applicant's approved supervisor pursuant to OAR 331-710-0100, on a form prescribed by the ~~Agency Office~~;

Statutory/Other Authority: 676.576, ORS 676.615, 688.819, 688.830 & 676.612

Statutes/Other Implemented: 688.819 & 688.830

History:

[HLO 68-2018, minor correction filed 02/07/2018, effective 02/07/2018](#)

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0080

Polysomnographic Technologist Temporary-IS (Indirect Supervision) Licensure

- (1) A polysomnographic technologist Temporary-IS license authorizes the holder to temporarily practice polysomnography under indirect supervision by an approved supervisor.
- (2) Indirect supervision is supervision of the Temporary-IS licensee by an approved supervisor who is physically present and onsite, but may not be immediately accessible at the sleep facility when the Temporary-IS licensee is working, who reasonably oversees the work of the Temporary-IS licensee, and who is available for questions and assistance when needed.
- (3) A polysomnographic technologist Temporary-IS license holder must notify the ~~agency Office~~ within 10 calendar days of changes in employment status and changes in supervisor.

(4) A polysomnographic technologist Temporary-IS license obtained under OAR 331-710-0090(5)(a) of this rule is valid for one year and may be renewed once.

(5) A polysomnographic technologist Temporary-IS license obtained under OAR 331-710-0090(5)(b) of this rule is valid for one year and may not be renewed.

(6) A Temporary-IS licensee is prohibited from performing services on persons 12 and under.

(7) A polysomnographic technologist temporary-IS license is invalid after passage of all required written examinations listed under OAR 331-712-0010 for a full polysomnographic technologist license under 331-710-0040.

Statutory/Other Authority: ORS 676.615, 688.819 & 688.830

Statutes/Other Implemented: ORS 676.615

History:

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

HLA 16-2012(Temp), f. & cert. ef. 11-19-12 thru 5-17-13

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0090

Application Requirements for Polysomnographic Temporary-IS Licensure

An applicant for a polysomnographic technologist Temporary-IS license must:

(1) Meet the requirements of OAR chapter 331 division 30;

(2) Submit a completed application form prescribed by the ~~Agency Office~~, containing the information listed in OAR 331-030-0000 and accompanied by payment of all required fees;

(3) Be at least 18 years of age, and provide official documentation confirming the applicant's date of birth, such as a copy of the birth certificate, driver's license, or passport;

(4) Pass fingerprint-based national criminal background check pursuant to OAR 331-030-0004;

(5) Submit documentation of ~~meetings-meeting~~ qualifications listed in (6)(a) or (6)(b) of this rule;

(a) A Temporary Licensee-DS: applying for Temporary-IS licensure must:

(A) Submit documentation of successful completion of 30 sleep tests as a polysomnographic technologist Temporary-DS licensee, which includes the signatures of an approved supervisor and certification by a qualified medical director for polysomnography of successful completion of 30 sleep studies and satisfactory performance;

(B) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application;

(C) Submit information identifying the applicant's approved supervisor on a form prescribed by the ~~Agency Office~~; and

(b) An individual with an Academic Degree: applying for Temporary-IS licensure must:

(A) Submit a statement, signed by the Registrar or a Dean of a college or university and sent directly to the ~~Agency Office~~ from that college or university, verifying the applicant has completed all work necessary to obtain an associate's degree in polysomnography, polysomnographic technology, or sleep technology from an accredited community college, college or university, or successful completion of a polysomnography course of study from a CAAHEP accredited institution;

(B) Complete and pass the Oregon Laws and Rules examination for polysomnography within two years before the date of registration application; and

(C) Submit information identifying the applicant's approved supervisor on a form prescribed by the ~~Agency Office~~.

Statutory/Other Authority: ORS 676.615, 688.819, 688.830, 676.612 & 676.576

Statutes/Other Implemented: 688.819

History:

[HLO 69-2018, minor correction filed 02/07/2018, effective 02/07/2018](#)

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

HLA 16-2012(Temp), f. & cert. ef. 11-19-12 thru 5-17-13

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

[331-710-0100](#)

Supervision of a Temporary Polysomnographic Technologist

(1) To be approved as a supervisor of a polysomnographic temporary licensee, an individual must:

(a) Hold a valid polysomnographic technologist license under ORS chapter 688 or provide proof of being a "qualified medical director for polysomnography" as defined in ORS 688.800(3);

(b) Have no current or pending disciplinary action imposed by the Agency Office or other regulatory body; and

(c) Submit proof of having been actively practicing polysomnography for at least three years prior to requesting approval as a supervisor; and

(d) Submit a completed request for approval on a form prescribed by the Agency Office;

(2) A polysomnography supervisor shall not supervise a temporary licensee until all Agency Office required documentation has been completed and submitted to the Agency Office and the supervisor has received Agency Office approval.

(3) A supervisor may supervise up to four patients per shift; whether they are the supervisor's own patients or patients of temporary DS or IS licensees.

(4) An approved supervisor of a Temporary-DS licensee must be immediately physically present with the Temporary-DS licensee while the Temporary-DS licensee is working, and must exercise direction and control over the Temporary-DS licensee's work.

(5) An approved supervisor of a Temporary-IS licensee must be physically present and onsite, but may not be immediately accessible at the sleep facility when the Temporary-IS licensee is working, and must reasonably oversee the work of the Temporary-IS licensee, and be available for questions and assistance when needed.

(6) An approved supervisor must notify the Agency Office in writing within 10 calendar days if a temporary polysomnographic technologist licensee is no longer being supervised, and must provide the number of hours of training and work experience completed on a form prescribed by the Agency Office.

(7) A designated supervisor must exercise management, guidance, and control over the activities of the temporary polysomnographic technologist and must exercise professional judgment and be responsible for all matters related to the polysomnography.

(8) Approval of a temporary polysomnographic technologist's training and work experience under OAR 331-710-0110 must be documented by the handwritten signature of the approved supervisor, the supervisor's license number, and date of supervisor's review, placed beside the temporary polysomnographic technologist's signature, on a form prescribed by the Agency Office.

(9) An approved supervisor's Agency Office approval may be withdrawn if the supervisor provides incomplete or inadequate training during supervision or falsifies documentation.

(10) This rule is not intended for or required of purely administrative supervisors.

Statutory/Other Authority: ORS 676.615, 676.607, 688.819 & 688.830

Statutes/Other Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

History:

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

331-710-0110

Training and Work Experience Requirements for Polysomnography

(1) Training and work experience for polysomnography applicants must involve all of the following:

- (a) Patient interaction & professional behavior;
- (b) Patient assessment;
- (c) Polysomnography theory;
- (d) Performing polysomnography preparation and setup;
- (e) Performing polysomnography recording and monitoring;
- (f) Scoring sleep studies;
- (g) Artifacts, and arrhythmias;
- (h) Sleep related breathing disorders;
- (i) Positive airway pressure and oxygen;
- (j) Evaluation of sleepiness;
- (k) Movement disorders: disorders involving arousal and seizures;
- (l) Scoring waveforms;
- (m) Scoring sleep stages;
- (n) Scoring respiratory events;
- (o) Scoring arousals, electroencephalography abnormalities, movements and cardiac events;
- (p) Sleep deprivation;

Commented [PS3]: Should training and work experience be limited to clinic setting or are home sleep studies allowed as well. Currently the rule does not speak to setting – so all sleep studies are counted for training and work experience.

(q) Insomnia;

(r) Medications and sleep;

(s) Circadian sleep and shift work

(t) Arrhythmia recognition;

(u) Emergency procedures and care;

(v) Patient education and mask fitting;

(w) Pediatric sleep; and

(2) For the purpose of this rule "Artifact" means an extraneous electrical signal in a recording channel on a polysomnograph, which originates from the patient, equipment, or external sources, and which may mask or interfere with the desired signal (E.g., snores that appear on the EEG channel, pulses of hypertensive patients that appear on the chin EMG channel, etc.).

(3) A Temporary-IS licensee is prohibited from performing services on persons 12 and under. See OAR 331-710-0080.

Statutory/Other Authority: ORS 676.615, 676.607, 688.819 & 688.830

Statutes/Other Implemented: ORS 676.607, 676.615, 688.800, 688.815, 688.819 & 688.830

History:

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

**Division 712
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — EXAMINATIONS**

331-712-0010

Polysomnography Approved Examinations

The Board has approved the following examinations for qualification as a licensed polysomnographic technologist:

- (1) The RPSGT “registration examination” administered by the BRPT;
- (2) The SDS examination administered by the NBRC; and
- (3) The Oregon Laws and Rules examination for polysomnography administered by the Agency Office.

NOTE: An applicant is responsible for direct payment to the organization of all application, examination, national certification or other fees associated with any examination.

Statutory/Other Authority: ORS 676.607, 676.615, 688.830 & 2011 OL Ch. 715

Statutes/Other Implemented: ORS 676.606, ORS 676.607, ORS 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836 & 2011 OL Ch. 715

History:

HLA 14-2012, f. 9-12-12, cert. ef. 9-14-12

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-712-0020

General Examination Information

- (1) To be eligible for examination administered by the Agency Office, an applicant must meet identification requirements listed under OAR 331-030-0000.
- (2) The examination is administered in English only, unless an Agency Office approved testing contractor or vendor provides the examination in languages other than English.
- (3) Examination candidates may be electronically monitored during the course of testing.
- (4) Examination candidates must adhere to the maximum time allowance for each section of the examination, as established by the Board.
- (5) Notes, notetaking, textbooks, notebooks, electronic equipment and communication devices, such as personal computers, pagers and cellular telephones or any other

Commented [PS4]: ABSM RST exam
https://absm.org/wp-content/uploads/2018/11/RST-Exam-Handbook_19.pdf

devices deemed inappropriate by the Agency Office, are prohibited in the examination area.

(6) Candidate conduct that interferes with the examination may result in the candidate's disqualification during or after the examination, the candidate's examination being deemed invalid, and forfeiture of the candidate's examination fees. Such conduct includes but is not limited to:

(a) Directly or indirectly giving, receiving, soliciting, attempting to give, receive or solicit aid during the examination process;

(b) Violations of subsections (1), (5), or (6) of this rule;

(c) Removing or attempting to remove any examination-related information, notes or materials from the examination site;

(d) Failing to follow directions relative to the conduct of the examination; and

(e) Exhibiting behavior that impedes the normal progress of the examination.

(7) If the candidate is disqualified from taking the examination or the candidate's examination is deemed invalid for reasons under subsection (6) of this rule, the candidate may be required to reapply, submit additional examination fees, and request in writing to schedule a new examination date, before being considered for another examination opportunity.

Statutory/Other Authority: ORS 676.607, 676.615, 688.830, OL 2011 & Ch. 715

Statutes/Other Implemented: ORS 676.606, ORS 676.607, ORS 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836, OL 2011 & Ch. 715

History:

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

**Division 715
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — LICENSURE; RENEWAL**

331-715-0000

License Display and Posting Requirements

- (1) A licensee must show proof of valid license with the agency-Office upon request or post the license document in public view at the licensee's primary workplace.
- (2) A licensee may temporarily conceal the address printed on the license document with a covering that is removable.
- (3) A licensee must carry the license identification card (pocket card) with them, or post in plain view, the official license anytime services are being provided.

Statutory/Other Authority: ORS 676.605, 676.615 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615 & 688.830

History:

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 3-2001, f. 6-29-01, cert. ef. 7-1-01

HDLP 2-2001, f. & cert. ef. 5-1-01

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLP 1-1998(Temp), f. & cert. ef. 3-20-98 thru 4-1-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

331-715-0010

License Issuance and Renewal

- (1) A licensee is subject to the provisions of OAR chapter 331, division 30 regarding the renewal of a license, and provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.
- (2) License renewal under this rule is valid for one year.
- (3) LICENSE RENEWAL: To avoid delinquency penalties, license renewal must be made prior to the license entering inactive status. The licensee must submit the following:
 - (a) Renewal application form;
 - (b) Payment of required renewal fee pursuant to OAR 331-705-0060;

(c) Attestation of having obtained required continuing education under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the ~~Agency Office~~, whether license is current or inactive; and

(d) Attest to having provided the required information to the Oregon Health Authority pursuant to ORS 676.410;

(e) Pay fee established by Oregon Health Authority pursuant to ORS 676.410; and

(f) Information, on a form prescribed by the ~~Agency Office~~, permitting the ~~Agency Office~~ to perform a state criminal background check pursuant to OAR 331-030-0004;

(4) INACTIVE LICENSE RENEWAL: A license may be inactive for up to three years. A licensee who is inactive is not authorized to practice. When renewing after entering inactive status, the licensee must submit the following:

(a) Renewal application form;

(b) Payment of delinquency and license fees pursuant to OAR 331-705-0060;

(c) Attestation of having obtained required continuing education under OAR 331-720-0010 or 331-720-0015, on a form prescribed by the ~~Agency Office~~, whether license is current or inactive;

(d) Attest to having provided the required information to the Oregon Health Authority pursuant to ORS 676.410;

(e) Pay fee established by Oregon Health Authority pursuant to ORS 676.410; and

(f) Information, on a form prescribed by the ~~Agency Office~~, permitting the ~~Agency Office~~ to perform a state criminal background check pursuant to OAR 331-030-0004;

(5) EXPIRED LICENSE: A license that has been inactive for more than three years is expired and the licensee must reapply for licensure and meet the requirements listed in OAR 331-710-0010 or 331-710-0050.

Statutory/Other Authority: ORS 688.830, ORS 676.615 & ORS 676.586

Statutes/Other Implemented: ORS 688.830 & ORS 676.586

History:

[HLO 3-2019, amend filed 03/04/2019, effective 03/15/2019](#)

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLO 2-2016, f. & cert. ef. 7-1-16

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05

HLO 10-2004(Temp), f. & cert. ef. 11-8-04 thru 3-31-05

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04
HDLP 2-1998, f. & cert. ef. 6-15-98
HDLP 1-1998(Temp), f. & cert. ef. 3-20-98 thru 4-1-98
HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

v1.8.6

**Division 718
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — STANDARDS OF PRACTICE**

331-718-0000

Standards of Practice for Respiratory Care

(1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the American Association of Respiratory Care (AARC) Statement of Ethics and Professional Conduct effective April 2015 as its professional standards model. Documents are available on the AARC Website at <http://www.aarc.org/>.

(2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.

(3) A licensee must comply with the following safety and infection control requirements:

(a) All devices or items that come into direct contact with a client must be cleaned, sanitized or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;

(b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;

(c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;

(d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged and pre-sterilized;

(e) All high-level and low-level disinfecting agents must be EPA registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity;

(f) Before use, disposable prepackaged products and sterilized re-usable instruments must be stored in clean, sterilized containers that can be closed between treatments to maintain effective sterilization of the instrument until removed from the container.

(4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

Statutory/Other Authority: 676.615 & 688.830

Statutes/Other Implemented: 688.830

History:

[HLO 5-2017, amend filed 12/13/2017, effective 01/01/2018](#)

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-718-0010

Pharmacological Agents for Respiratory Care

(1) A licensee administering intravenous narcotics, paralytics and opioids under ORS 688.800(3)(a) is prohibited from monitoring the patient and must have another qualified licensed individual present to monitor the patient throughout procedures with intravenous narcotics, paralytics and opioids.

(2) All policies, procedures and protocols for respiratory therapists related to administration of intravenous pharmacological agents must be made available to the [Agency-Office](#) if requested.

Statutory/Other Authority: ORS 676.607, 676.615, 688.830, OL 2011 & Ch. 715

Statutes/Other Implemented: ORS 676.606, 676.607, 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836, OL 2011 & Ch. 715

History:

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

331-718-0020

Standards of Practice for Polysomnography

(1) A licensee must comply with the prevailing community standards for professional conduct. The Board recognizes and adopts the BRPT Standards of Conduct as its professional standards model. Documents are available on the BRPT Website at <http://www.brpt.org>.

(2) At minimum, licensees are subject to directives and policies established by the medical facilities, businesses or agencies by which they are employed or regulated.

(3) A licensee must comply with the following safety and infection control requirements:

(a) All devices or items that come into direct contact with a client must be cleaned or disinfected according to the manufacturer's instructions or Centers for Disease Control and Prevention (CDC) Standard Precautions;

(b) All items that come in direct contact with the client's skin that do not require disinfecting must be clean;

(c) All items that come in direct contact with the client's skin that cannot be cleaned or disinfected must be disposed of in a covered waste receptacle immediately after use;

(d) All disinfecting solutions and agents must be kept at adequate strengths to maintain effectiveness, be free of foreign material and be available for immediate use at all times unless equipment is prepackaged, pre-sterilized and within the expiration date listed on the label of the disinfecting solution;

(e) All high-level and low-level disinfecting agents must be EPA registered. High-level disinfectant means a chemical agent which has demonstrated tuberculocidal activity. Low-level disinfectant means a chemical agent which has demonstrated bactericidal, germicidal, fungicidal and limited virucidal activity;

(f) Before use instruments must be stored in clean containers that can be closed between use to maintain effective cleanliness until removed from the container.

(g) Masks must be disinfected before each use on a client by removing foreign and completely saturating the mask with a ~~high level~~high-level disinfectant solution, spray or foam used to manufacturer's instructions.

(4) A licensee must observe and follow the Standard Precautions adopted by the CDC as defined in OAR 437 division 2, subdivision Z, and the CDC Standard Precautions for public service workers regarding personal protection equipment and disposal of blood or bodily fluid contaminated articles, tools and equipment when providing services to patients.

Statutory/Other Authority: ORS 676.605, 676.615 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615 & 688.830

History:

HLA 4-2013, f. 3-12-13, cert. ef. 4-1-13

HLA 16-2012(Temp), f. & cert. ef. 11-19-12 thru 5-17-13

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

**Division 720
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — CONTINUING EDUCATION**

331-720-0010

Continuing Education Requirements for Respiratory Care

Commented [PS5]: Must have hours in cultural competency by July 2021 – [2019 HB 2011](#)

(1) To maintain licensure, a respiratory care practitioner must complete a minimum of seven hours of continuing education every year. At least 2.5 hours of the required continuing education must be related to clinical practice of respiratory care defined under ORS 688.800.

(2) A license holder must document compliance with the continuing education requirement through attestation on the license renewal application. A licensee is subject to provisions of OAR 331-720-0020 pertaining to periodic audit of continuing education.

(3) Satisfactory continuing education must be obtained by participation in or attendance at a course provided by:

(a) An institution of higher education accredited by the Northwest Association of Accredited Schools, the Northwest Commission on Colleges and Universities, the State Board of Higher Education, Oregon Higher Education Coordinating Commission, American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Committee on Accreditation for Respiratory Care, or its successor, or the Commission on Accreditation for Allied Health Education Programs offering an Associate Degree in Respiratory Care; or

(b) The NBRC, AARC, Oregon Medical Association, the Oregon Osteopathic Association, the American Medical Association Continuing Medical Education, the American Osteopathic Association, the American Nurses Association, or other professional or medical organizations or associations which conduct educational meetings, workshops, symposiums, and seminars where CEU credit is offered and where subject matter meets the requirements under subsection (4) of this rule;

(4) The subject matter of the continuing education must be specifically related to respiratory care as outlined in ORS 688.800(5).

(5) Continuing education may include teaching a course sponsored by a continuing education provider listed in subsection (3) of this rule and where the subject matter meets the requirements under subsection (4) of this rule (provided that no more than half the required hours be in teaching).

(6) Obtaining and maintaining proof of participation in required continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of

attainment of required continuing education is available for audit or investigation or when otherwise requested by the ~~agency Office~~. Adequate proof of participation is listed under OAR 331-720-0020(3).

(7) Documentation of participation in continuing education requirements must be maintained for a period of two years following ~~renewal, and renewal and~~ must be available to the ~~agency Office~~ upon request.

(8) For the purpose of this rule continuing education hours mean actual academic, classroom, or course work time, including but not limited to workshops, symposiums, or seminars. Continuing education hours do not include travel time to or from the training site, registration or check-in periods, breaks or lunch periods.

Statutory/Other Authority: ORS 676.605, 676.615 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615 & 688.830

History:

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 1-2005, f. 2-28-05 cert. ef. 3-1-05

HLO 10-2004(Temp), f. & cert. ef. 11-8-04 thru 3-31-05

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

331-720-0015

Continuing Education Requirements for Polysomnography

(1) To maintain licensure, a polysomnographic technologist must complete a minimum of seven hours of continuing education every year.

(2) A license holder must document compliance with the continuing education requirement through attestation on the license renewal application. A licensee is subject to provisions of OAR 331-720-0020 pertaining to periodic audit of continuing education.

(3) Satisfactory continuing education must be obtained by participation in or attendance at a course provided by:

(a) An institution of higher education accredited by the Northwest Association of Accredited Schools, the Northwest Commission on Colleges and Universities, the State Board of Higher Education, Oregon Higher Education Coordinating Commission, American Medical Association Committee on Allied Health Education and Accreditation in collaboration with the Committee on Accreditation for Respiratory Care, or its successor, or the Commission on Accreditation of Allied Health Education Programs in Polysomnographic Technology; or

Commented [PS6]: Must have hours in cultural competency by July 2021 – [2019 HB 2011](#)

(b) The BRPT, AARC, Oregon Medical Association, the Oregon Osteopathic Association, the American Medical Association Continuing Medical Education, the American Osteopathic Association, the American Nurses Association, American Association of Sleep Technologists and its affiliates, or other professional or medical organizations or associations which conduct educational meetings, workshops, symposiums, and seminars where CEU credit is offered and where subject matter meets the requirements under subsection (4) of this rule;

(4) The subject matter of the continuing education must be specifically related to polysomnography as outlined in ORS 688.800(2).

(5) Continuing education may include teaching a course sponsored by a continuing education provider listed in subsection (3) of this rule and where the subject matter meets the requirements under subsection (4) of this rule (provided that no more than half the required hours be in teaching).

(6) Obtaining and maintaining proof of participation in required continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the ~~agency Office~~. Adequate proof of participation is listed under OAR 331-720-0020(3).

(7) Documentation of participation in continuing education requirements must be maintained for a period of two years following ~~renewal, and renewal and~~ must be available to the ~~agency Office~~ upon request.

(8) For the purpose of this rule continuing education hours mean actual academic, classroom, or course work time, including but not limited to workshops, symposiums, or seminars. Continuing education hours do not include travel time to or from the training site, registration or check-in periods, breaks or lunch periods.

Statutory/Other Authority: ORS 676.605, 676.615 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615 & 688.830

History:

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

[331-720-0020](#)

Continuing Education: Audit, Required Documentation and Sanctions

(1) The Oregon Health Licensing ~~Agency Office~~ will audit a select percentage of licenses to verify compliance with continuing education requirements.

(2) Licensees notified of selection for audit of continuing education attestation must submit to the ~~agency Office~~, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education in

accordance with OAR 331-720-0010, Continuing Education Requirements for Respiratory Care; or 331-720-0015, Continuing Education Requirements for Polysomnography

(3) Evidence of successful completion of the required continuing education must include the following:

(a) Name of continuing education sponsor/provider;

(b) Course agenda — including the date of the training and breakdown of hours for each agenda item, lunch and breaks;

(c) Course outline — including a detailed summary of each topic discussed and the learning objective or training goal of each agenda item; The content of the course must have a direct relationship between the course training and subject matter related to Respiratory Care as set forth in OAR 331-720-0010, or Polysomnography as set forth in 331-720-0015;

(d) Background resume of speakers or instructors; and

(e) Documentation of attendance or successful course completion. Examples include a certificate, transcript, sponsor statement or affidavit attesting to attendance, diploma.

(4) If documentation of continuing education is incomplete, the licensee has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation of completion of the required continuing education.

(5) Misrepresentations of continuing education or failure to complete continuing education requirements may result in disciplinary action, which may include, but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Statutory/Other Authority: ORS 676.605, 676.615 & 688.830

Statutes/Other Implemented: ORS 676.605, 676.615 & 688.830

History:

HLA 16-2013, f. 12-31-13, cert. ef. 1-1-14

HLA 7-2010, f. & cert. ef. 11-1-10

HLO 4-2004, f. 6-29-04, cert. ef. 7-1-04

HDLP 2-1998, f. & cert. ef. 6-15-98

HDLB 1-1997(Temp), f. 12-19-97, cert. ef. 12-22-97 thru 6-19-98

**Division 740
RESPIRATORY THERAPIST AND POLYSOMNOGRAPHIC TECHNOLOGISTS
LICENSING BOARD — FEES**

331-740-0000

Fees

(1) An applicant or licensee are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding the payment of fees, penalties and charges.

(2) Fees established by the ~~Oregon Health Licensing Agency Office~~ pursuant to ORS 676.607 are as follows:

(a) Application:

(A) License: \$50.

(B) Temporary license: \$50.

(b) Examination — Oregon laws & rules: \$50.

(c) Original issuance of authorization to practice:

(A) License: \$50.

(B) Temporary license: \$50.

(C) Temporary six month license: \$50

(d) Renewals:

(A) Licenses: \$50.

(B) Online license: \$45

(C) Temporary license: \$50

(e) Delinquent (late) renewal of license: \$50 for each year in inactive status up to three years.

(f) Replacement of license, including name change: \$25.

(g) Duplicate license document: \$25 per copy with maximum of three.

(h) Affidavit of licensure for reciprocity: \$50.

(i) Information packets: \$10

(j) An additional \$25 administrative processing fee will be assessed if a NSF or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.

Statutory/Other Authority: ORS 676.607, 676.615, 688.830, OL 2011 & Ch. 715

Statutes/Other Implemented: ORS 676.606, 676.607, 676.612, 676.615, 676.625, 688.815 & 688.830, 688.834, 688.836, OL 2011 & Ch. 715

History:

HLA 15-2011, f. 12-30-11, cert. ef. 1-1-12

Polysomnography Credentialing Comparison Chart

Credentialing Organization and Examination Type	
Board of Registered Polysomnographic Technologists – Registered Polysomnographic Technologist	BRPT/ RPSGT
Board of Registered Polysomnographic Technologists – Certification in Clinical Sleep Health	BRPT /CCHS
American Board of Sleep Medicine – Registered Sleep Technologist	ABSM/RST
National Board of Respiratory Care – Sleep Disorder Specialist	NBRC/ SDS

Qualification Comparison – BRPT/RPSGT				
Pathway 1 Clinical Experience	Pathway 2 Health Professionals	Pathway 3 Graduate of CAAHEP or CoARC Programs	Pathway 4 Focused Training	Pathway 5 International Option
Complete a STAR-designated self-study education program	Approved health care credential Physician, physician assistant, nurse, respiratory therapist (CRT or RRT), paramedic, radiology etc.	Commission on Accreditation of allied health education programs (CAAHEP) OR Commission on Accreditation for Respiratory Care (CoARC)	A minimum of 819 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.	International tertiary/post-secondary qualification in science/medical science related discipline with a major component of human anatomy and physiology included in the curriculum.
1,683 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring	A minimum of 546 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed with the past 3 years		A STAR-designated Focused education program OR both a STAR-designated self-study education program AND a STAR-designated focused 2 program.	A minimum of 546 hours of clinical experience that includes on-site polysomnography duties performed as direct patient recording and/or scoring completed within the past 3 years.

Polysomnography Credentialing Comparison Chart

Qualification Comparison – BRPT/CCHS				
Pathway 1 Clinical Experience	Pathway 2 Health Professionals	Pathway 3 Active RPSGT Credential		
A minimum of 1000 hours of cumulative direct experience in clinical sleep health that includes education, counseling, management, and coordination of patient care and outcomes	Approved health care credential Physician, physician assistant, nurse, pharmacist, physical therapist	An active RPSGT credential that has been recertified at least once		
A Bachelor's degree or above. International equivalents in the form of tertiary/post-secondary education or qualification are accepted	An Associate's degree or above. International equivalents in the form of tertiary/post-secondary education or qualification are accepted	Completed a CASH STAR-designated self-study education program		
Documentation of valid BLS certification for healthcare workers or international equivalent	Valid live/skills BLS certification for healthcare workers or international equivalent	Current live/skills BLS/CPR certification for healthcare workers or international equivalent		

Polysomnography Credentialing Comparison Chart

Qualification Comparison – ABSM/RST				
Pathway 1 Graduate of CAAHEP or CoARC Programs	Pathway 2 80 Didactic or CPSGT	Pathway 3 Health Professionals	Pathway 4 BRPT/RPSGT	Pathway 5 On-the-job Training
Commission on Accreditation of allied health education programs (CAAHEP) OR Commission on Accreditation for Respiratory Care (CoARC)	80 hours of didactic in A-STEP Introductory Program	Physician, physician assistant, nurse, respiratory therapist (CRT or RRT), paramedic, radiology etc..	Current candidates who hold the RPSGT credential from the BRPT	Attest to having worked in AASM-accredited sleep center and have knowledge of the 80-hour didactic A-STEP Introductory Program
	Complete the full A-STEP Online Modules	Independent Performance of 25 Overnight Sleep Studies Of the 25, 10 must include CPAP		Complete the full A-STEP Online Modules
	Independent Performance of 50 Overnight Sleep Studies Of the 50, 20 must include CPAP	Performance of one Multiple Sleep Latency Test		Take and pass the ABSM's Sleep Scoring Proficiency Exam OR participate in three months of the AASM's inter-scorer reliability program through the sleep center
	Performance of one Multiple Sleep Latency Test	Achieve of the minimum standard for three months of the inter-scorer reliability program		
	Achieve of the minimum standard for three months of the inter-scorer reliability program .			

Polysomnography Credentialing Comparison Chart

Qualification Comparison – NBRC/SDS				
Pathway 1	Pathway 2	Pathway 3		
Be a Certified Respiratory Therapist (CRT) or Registered Respiratory Therapist (RRT) and have completed a CoARC accredited respiratory therapist education program that includes a sleep add-on track	Be a Certified Respiratory Therapist (CRT) for at least six months prior to applying for the SDS Examination	Be a Registered Respiratory Therapist (RRT) for at least three months prior to applying for the SDS Examination		

Polysomnography Credentialing Comparison Chart

Examination Comparison				
	BRPT/ RPSGT	BRPT /CCHS	ABSM/RST	NBRC/SDS
Entity	National	National	National	National
Qualifying Entity	BRPT	BRPT	ABSM	NBRC
Time Allotted	4 hours	4 hours	4 hours	4 hours
Number of Questions	175 (25 Pretest Items)	75 (25 Pretest Items)	150	180 (20 pretest items)
Passage Score	350 (Scale Score)	350 (Scale Score)	85%	N/A
Examination Fee	\$450 exam fee	\$450	\$250	\$300
Locations Administered	PearsonVUE Testing Centers (4 locations in Oregon)	PearsonVUE Testing Centers (4 locations in Oregon)	Kryterion Testing Centers (5 locations in Oregon)	PSI Testing Centers (13 locations in Oregon)

Polysomnography Credentialing Comparison Chart

Examination Domain Comparison

<u>BRPT/ RPSGT</u>	<u>BRPT /CCHS</u>	<u>ABSM/RST</u>	<u>NBRC/ SDS</u>
<p><u>Domain 1 - Clinical Overview, Education Patient Support (17.3%)</u> Task A: Patient information and clinical assessment Task B: Patient and caregiver education Task C: Support and compliance</p> <p><u>Domain 2 – Sleep Study Preparation and Performance (29.3%)</u> Task A: Technical preparation Task B: Calibrations Task B: Procedures and practice guidelines Task D: Identify, respond and document</p> <p><u>Domain 3 – Scoring, Reporting, and Data Verification (25.3%)</u> Task A: Adult PSG Task B: Pediatric and infant PSG Task C: Report generation</p> <p><u>Domain 4 – Therapeutic Treatment and Intervention (28%)</u> Task A: PAP therapy Task B: Oxygen therapy Task C: Alternative therapies</p>	<p><u>Domain 1 – Sleep Fundamentals (30%)</u> Task A: Describe normal sleep architecture and factors contributing to variations in normal sleep Task B: Identify and recognize the pathophysiology, epidemiology and clinical presentation of abnormal sleep Task C: Correlate and document sleep and medical history</p> <p><u>Domain 2 - Clinical Evaluation and Management (45%)</u> Task A: Correlate and document sleep and medical history Task B: Identify co-morbid conditions and impact on patient Task C: Utilize measurement tools and explain results in collaboration with a provider Task D: Evaluate treatment and/or therapy</p> <p><u>Domain 3 – Communication and Education (20%)</u> Task A: Provide education to patients, families, HCP and community Task B: Encourage and promote patient self-assessment and self-management</p> <p><u>Domain 4 – Program Administration (5%)</u> Task A: Develop and expand collaborative sleep programs Task B: Manage performance improvement and quality Task C: Promote sleep and wellness as a public health issue</p>	<p><u>Study performance (45%)</u> Electrode application Interventions Patient care Artifact recognition Diagnostic protocols Instrumentation and processing Sleep center emergencies Post-study activities</p> <p><u>Record scoring (30%)</u> Sleep staging Waveform recognition Respiratory event scoring Movement scoring Cardiac event scoring Pediatric scoring</p> <p><u>Understanding sleep disorders (25%)</u> Sleep related breathing disorders Sleep related movement disorders Hypersomnias Pediatric sleep disorders Insomnia Parasomnias</p>	<p><u>1. Pre-testing</u> A. Identification and care of at-risk individuals B. Study Preparations</p> <p><u>2. Sleep Disorders Testing</u> A. Signal maintenance during testing B. Sleep-related disorders and therapeutic interventions C. Documentation during testing D. Study conclusion</p> <p><u>3. Study Analysis</u> A. Record review B. Sleep staging C. Sleep event identification D. Sleep event reporting</p> <p><u>4. Administrative Functions</u> A. Data and equipment maintenance B. Management</p> <p><u>5. Treatment Plan</u> A. Development B. Implementation C. Evaluation</p>

American Board of Sleep Medicine (ABSM) Registered Sleep Technologist (RST) Exam Statistics

1

Year	Pass	Fail	Total	Pass Rate
2015	22	7	29	76%
2016	32	13	45	71%
2017	55	27	82	67%
2018	47	31	78	60%
2019	58	27	85	68%

CANDIDATE HANDBOOK FOR THE SLEEP TECHNOLOGIST REGISTRY EXAMINATION

ABSM

AMERICAN BOARD OF
SLEEP MEDICINE

2510 N. Frontage Road
Darien, IL 60561
Email: absm@absm.org
Phone: 630.737.9701 | Fax: 630.737.9790
Website: absm.org

Revised: August 2019

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INTRODUCTION

I. SLEEP TECHNOLOGIST REGISTRY EXAMINATION

The knowledge needed to be a competent Sleep Technologist typically requires a year of comprehensive training. This may include full-time training at a community college or other educational institution, or completion of the Accredited Sleep Technology Education Program (A-STEP). The Sleep Technologist Registry Examination is intended to certify that successful candidates have achieved the minimal competencies required for the position of sleep technologist (per the joint publication by the American Academy of Sleep Medicine, American Association of Sleep Technologists and American Society of Electroencephalographic Technologists).

All aspects of this examination are directed by the RST Examination Committee, which is comprised of one or more physicians, sleep technologists with varying degrees of experience, and a public member. Successful candidates will have demonstrated knowledge in the subject areas in the examination blueprint (page 10).

II. ABOUT THE AMERICAN BOARD OF SLEEP MEDICINE

The American Board of Sleep Medicine (ABSM) was incorporated as an independent, nonprofit, self-designated board on January 28, 1991. The ABSM administered a series of examinations for physicians and PhDs in sleep medicine, as well as behavioral sleep medicine. In 2011, the ABSM began offering an examination for sleep technologists.

A. CONTACT THE ABSM:

American Board of Sleep Medicine
2510 N. Frontage Road
Darien, IL 60561
Email: absm@absm.org
Phone: 630.737.9701 | **Fax:** 630.737.9790
Website: absm.org

III. STATEMENT OF NON-DISCRIMINATION, FAIRNESS AND COMPLIANCE WITH ALL LAWS

The ABSM prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, because all or part of an individual's income is derived from any public assistance program, or any other basis that would constitute illegal discrimination.

IV. CONFIDENTIALITY

All information submitted to the ABSM is strictly confidential. This includes candidate contact and financial information. Candidate information is maintained in an electronic database, which is limited to ABSM staff. Information about your training and accomplishments will be used to determine your eligibility to take the examination. Contact information will be used to keep you updated as you move through the examination process. If you are successful in obtaining certification as a Registered Sleep Technologist, you will be asked to inform the ABSM of any changes to your information as they occur. This will allow us to contact you with requirements for continuing education and recertification, as well as updates to any of the ABSM policies and procedures that may be relevant to you.

The ABSM will maintain a list of successful candidates and will provide this information to potential employers and state licensing boards to verify your status. Upon request, the ABSM will provide training institutions and credentialing associations with information about the number of students who have taken and who successfully completed the examination. This will be summary data and will not include the names of specific candidates.

If you have questions about the confidentiality policies or procedures of the ABSM please contact us using the information provided on [Page 3](#).

CANDIDATE ELIGIBILITY REQUIREMENTS

Irrespective of pathway, all candidates for the Sleep Technologist Registry Examination must have completed a program of secondary education (you must have a high school diploma) and must have current certification in Basic Life Support (BLS) for Healthcare Providers.

PATHWAY A. GRADUATES OF CAAHEP OR COARC PROGRAMS

Candidates who have successfully completed training in polysomnography in a program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP; these programs include CoA PSG and CoA END with PSG add-on) or a Commission on Accreditation for Respiratory Care (CoARC) program with the polysomnography specialty option are eligible to sit for the Sleep Technologist Registry Examination.

PATHWAY B. 80-HOUR DIDACTIC ACCREDITED SLEEP TECHNOLOGY EDUCATION PROGRAM (A-STEP) INTRODUCTORY PROGRAM AND FULL SERIES OF ONLINE A-STEP MODULES WITH ON-THE-JOB TRAINING

Candidates who have completed the 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program*, the full series of online A-STEP modules* and have exceeded the minimum experience in an American Academy of Sleep Medicine (AASM) accredited sleep center are eligible to take the examination.

Minimum experience in an AASM-accredited sleep facility includes**:

1. Independent performance of 50 overnight sleep studies
2. Of these 50 overnight sleep studies, a minimum of 20 must include continuous positive airway pressure (CPAP) titration
3. Performance of one Multiple Sleep Latency Test
4. Achievement of the minimum standard for 3 months of the inter-scorer reliability program***

NOTE: The Certified Polysomnographic Technician (CPSGT) certificate awarded by the Board of Registered Polysomnographic Technologists (BRPT) is an acceptable alternative to the 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program and online modules.

*The 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Program and the full series of online A-STEP Modules must be completed within 3-years of registration.

**The experience must be obtained over a minimum of 6 months and a maximum of 3 years. A board-certified sleep specialist or the medical director of an AASM-accredited sleep facility must verify completion of the required experience in writing using the form provided in the application. The ABSM recommends that candidates maintain a log to monitor their progress in attaining the necessary experience.

***A score of 85% or higher on the ABSM Sleep Scoring Proficiency Examination also meets this requirement.

PATHWAY C. HEALTH PROFESSIONALS

Candidates who currently hold one of the following health professional credentials and exceed required minimum experience in an AASM-accredited sleep facility are eligible to take the examination:

1. Medical degree (MD or DO) valid in the United States
2. Doctoral-level degree (PhD or PsyD) in a health-related discipline
3. Physician Assistants (PAs)
4. Nursing degree (APRN, RN or LPN)
5. Allied health credential including Respiratory Care (RRT, CRT), Electroneurodiagnostics (R.EEG.T., R. EPT, CNIM); Paramedic (EMT-P); or Radiology (RT, RT(R), RT(CT), RT(BD))

Minimum experience in an AASM-accredited sleep facility includes*:

1. Independent performance of 25 overnight sleep studies
2. Of these 25 overnight sleep studies, a minimum of 10 must include CPAP titration
3. Performance of one Multiple Sleep Latency Test
4. Reach the minimum standard for 3 months of the inter-scorer reliability program**

*The experience must be obtained over a minimum of 3 months and a maximum of 3 years. A board certified sleep specialist or the medical director of the AASM-accredited sleep facility must verify completion of the required experience in writing using the form provided in the application. Candidates may not verify their own experience. The ABSM recommends that candidates maintain a log to monitor their progress in attaining the necessary experience.

**A score of 85% or higher on the ABSM Sleep Scoring Proficiency Examination also meets this requirement.

PATHWAY D. REGISTERED POLYSOMNOGRAPHIC TECHNOLOGISTS

Candidates who are currently Registered Polysomnographic Technologists™ (RPSGTs), have completed a program of secondary education (you must have a high school diploma), and have current Adult and Pediatric Basic Life Support (cardio-pulmonary resuscitation) are eligible to take the examination.

PATHWAY E. ON-THE-JOB TRAINING IN AN AASM-ACCREDITED SLEEP FACILITY

Candidates who are currently employed with an AASM-accredited sleep facility, have completed the full series of online A-STEP Modules, and exceed the required minimum experience in an AASM-accredited sleep facility are eligible to take the exam.

Requirements:

- Attestation from the board-certified sleep specialist that the individual has worked in the AASM-accredited sleep center for at least one year and is knowledgeable in all topics addressed in the 80-hour didactic Accredited Sleep Technology Education Program (A-STEP) Introductory Program
- Take and pass the full series of online A-STEP Modules (must be completed within 3-years of registration)
- Take and pass the ABSM's Sleep Scoring Proficiency Exam OR participate in three months of the AASM's Inter-scorer Reliability program through the sleep center

I. APPLICATION

The Registered Sleep Technologist Examination is NOT accredited by the National Commission on Certifying Agencies (NCCA). Some state licensing boards or employers require successful completion of a registry examination accredited by the NCCA. Before submitting your application, we highly recommend that you confirm that your state licensing board (if applicable) and your employer accept the Registered Sleep Technologist credential.

The ABSM is currently exploring NCCA accreditation for the Registered Sleep Technologist Examination.

Candidates for the Registered Sleep Technologist Examination must meet the eligibility requirements in place at the time the application is submitted and must submit a completed application form and required supporting materials. Supporting materials include copies of a high school diploma or equivalent, a current BLS for Healthcare Providers certification card, and any other documentation required based on the chosen exam pathway.

When evaluating the eligibility requirements for any of the 5 pathways, determine whether you meet **ALL** of the requirements. **If you do not meet ALL of the eligibility requirements, please do not submit an application.**

The attestation statement on the application must be agreed to by the candidate at the time of the application. The statement will provide assurance that the information provided in the application is true.

The application will be reviewed by the ABSM to determine if the candidate meets the eligibility requirements. Candidates will be informed of the determination by email. Candidates may appeal a negative determination in writing to the ABSM within 30 days of receipt of the determination. The decision following any appeal will be final.

The ABSM communicates with candidates via email. **Please be sure that you provide a valid email address to which these communications should be sent.**

A. APPLICATION PROCEDURE

The fee for the ABSM Registry Examination is \$250.00

The application can be found on our website and must be submitted online. Mailed or faxed applications are no longer accepted.

Applications, including any required documentation and forms, must be submitted by the current application deadline. **Applications received after the current application deadline will automatically be considered for future examination cycles.** No exceptions will be made to this requirement.

B. INCOMPLETE APPLICATIONS

A complete application is defined as including:

- 1) A fully-completed application form;
- 2) All supporting documentation as required on the application;
- 3) The examination fee of \$250.00.

Applicants will be notified if their application is not complete. **Completeness of an application cannot be verified by telephone; please do not call the national office for this information.**

If an application received on or before the current deadline is missing any component, it will be considered incomplete and will automatically be considered for future examination cycles once the proper attachments are resubmitted. If an application is incomplete for more than 365 days from the date received, it will be considered inactive, and a new application must be submitted.

If the ABSM does not accept the application for examination and/or if the application is incomplete, the applicant will be assessed a \$50.00 administrative fee. The remaining \$200.00 from the original examination fee will be refunded to the applicant.

C. REGISTRY ELIGIBLE

The ABSM does not recognize or use the term “registry eligible” and does not issue statements concerning eligibility. The ABSM informs an applicant of admissibility to the examination in writing only when the applicant has an active, approved application on file with the ABSM. The letter informing the candidate of admissibility to the examination may be used to document “acceptance to sit for the examination” in compliance with Standard B-8 of the AASM Standards for Accreditation.

D. REFUNDS AND WITHDRAWALS

A withdrawal is defined as not taking an examination during a scheduled administration. If notification of withdrawal from an accepted candidate is received by the ABSM national office at least 2 weeks prior to the current examination date, the candidate will be assessed a \$50.00 administrative fee. The remaining \$200.00 from the original examination fee will be refunded to the applicant. A candidate whose notification of withdrawal is received by the ABSM office within 2 weeks of the current examination date is not entitled to a refund, except when the withdrawal is the result of a documented emergency. The candidate may apply for an emergency late withdrawal by submitting documentation of the emergency.

If a candidate does not take the examination for 2 scheduled administrations, the candidate's application will no longer be active. A candidate may only withdraw once from the examination and must take it at the next scheduled administration in order to avoid submitting a new application.

E. FAILURE TO PASS THE EXAMINATION

A candidate who fails the examination may retake it within one year by submitting payment of the exam fee by the current exam cycle application deadline. After one year a candidate must submit a new application, including all required documentation. The individual must meet the eligibility requirements that are in effect at the time of reapplication.

F. APPLICANTS WITH DISABILITIES

The ABSM recognizes that individuals with disabilities may wish to take the examination and will make reasonable accommodations for applicants with verified disabilities. The ABSM supports the intent of the Americans with Disabilities Act. Auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test. (Americans with Disabilities Act, Public Law 101-336). Applicants requiring special accommodations must complete an ADA accommodations request form and submit it at the time of approval to sit for the examination. Requests for reasonable testing accommodations must include documentation on letterhead from a qualified professional who has provided evaluation or treatment for the candidate of a formally diagnosed and ADA qualified disability. If the ABSM deems it necessary, an independent medical assessment may be requested at the expense of the ABSM.

If the candidate is approved to sit for the Sleep Technologist Registry Examination, the ABSM will communicate the ADA Accommodations Request to Kryterion. In some cases, the candidate will be responsible for working with Kryterion directly to obtain the necessary accommodation. Additional fees may apply. **Kryterion requires a minimum of thirty days advance notice for any special accommodations.**

EXAMINATION OVERVIEW

The Registered Sleep Technologist Examination is a computer-based, multiple-choice examination. The examination consists of 150 questions, with four hours allotted for completion. Credit is granted for the selection of the single best response for each question. The examination tests the candidate's general body of knowledge in sleep technology. It covers sleep-related domains of practice including:

- Gathering and analyzing patient information
- Testing preparation procedures
- Sleep study procedures
- Sleep study record scoring
- Service management and professional issues

Polysomnograms, MSLTs, MWTs, and other laboratory information may appear on the examination. Successful completion of this examination leads to certification as a Registered Sleep Technologist (RST).

All examination items were developed by stakeholders who are certified by the ABSM. All items undergo extensive review before being included in the examination. All test materials and all publications of the ABSM, whether electronic or written, are copyrighted.

I. CONTENT AREAS (Examination Blueprint)

A. STUDY PERFORMANCE (45% TOTAL):

1. Electrode application (10%)
2. Interventions (8%)
3. Patient care (5%)
4. Artifact recognition (5%)
5. Diagnostic protocols (5%)
6. Instrumentation and signal processing (5%)
7. Sleep center emergencies (4%)
8. Post-study activities (3%)

B. RECORD SCORING (30%):

1. Sleep staging (8%)
2. Waveform recognition (6%)
3. Respiratory event scoring (6%)
4. Movement scoring (4%)
5. Cardiac event scoring (3%)
6. Pediatric scoring (3%)

C. UNDERSTANDING SLEEP DISORDERS (25%):

1. Sleep related breathing disorders (10%)
2. Sleep related movement disorders (5%)
3. Hypersomnias (3%)
4. Pediatric sleep disorders (3%)
5. Insomnia (2%)
6. Parasomnias (2%)

ADMINISTRATION OF EXAM

The Sleep Technologist Registry exam is administered as a computer-based exam at a Kryterion testing center. Candidates whose applications have been approved to sit for the exam will receive instructions to select the Kryterion testing center of their choice. Along with receiving notification of application acceptance, applicants will receive further information about scheduling a date and time to take the exam and other pertinent details.

Candidates are encouraged to get a good night's sleep the evening prior to taking the exam and to eat a well-balanced meal before reporting to the testing center.

TESTING CENTER EXAMINATION

Candidates are encouraged to arrive to the testing center 20 minutes before the scheduled testing time to allow adequate time for check-in. Candidates are required to present their Test Taker Authorization Code at the Kryterion testing center they utilize, along with two forms of ID. One form of ID must be government-issued; the other can be a bank credit or debit card, etc. Please visit the [Kryterion website](#) for complete details.

Prior to entering the examination, candidates must review and agree to the following:

“This exam is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your proficiency level in the skill areas referenced in the title of this exam. To protect the integrity of the examination, the examinee must adhere to the following strict guidelines. The examinee shall not disclose to any third party the contents of this examination, including, but not limited to questions, form of questions, or answers, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose. The examinee shall not falsify score reports, by modifying and/or altering the original results/score reports for any exam record. The examinee shall not cheat during the exam (such as looking at the monitors of other exam takers), utilize improper assistance, or use non-authorized material such as notes or electronic devices. The examinee shall not engage in falsification of identity or impersonating another individual to gain access to an exam. Examinees that engage in any misconduct that diminishes the security and integrity of the Sleep Technologist Registry Examination in any way will be permanently prohibited from taking any future exams. In addition, the candidate may have their certification revoked.”

Personal belongings are not allowed in the testing area. Lockable storage will be made available to you to store your personal belongings (with the exception of your ID) during the examination.

The testing area should be free from foot traffic, talking, and other distractions. If necessary, the test proctor should have noise-cancelling headphones and earplugs available for your use.

I. VIOLATIONS DURING TESTING

TESTING CENTER EXAMINATION POLICIES

All testing materials are the property of the ABSM. Individuals can be dismissed from the testing center for causing a disturbance, if observed cheating or memorizing questions, if access to the testing center was fraudulently obtained, or for other reasons as determined by the test supervisor.

I. ELECTRONIC DEVICES

Recording devices, cellular phones, tablets, cameras, personal digital assistants, and other electronic equipment are not permitted in the examination room. Any candidate found in possession of such devices may be disqualified without further consideration or refund.

II. LATE ARRIVALS

The exam administrator will accommodate late arrivals at its discretion based on availability.

III. NO-SHOWS AND CANCELLATIONS

Any exam cancellation must be submitted through the candidate's Kryterion account up to seventy-two (72) hours prior to the scheduled test session.

The candidate is able to reschedule or cancel a scheduled test session through the candidate's Kryterion account up to seventy-two (72) hours prior to the scheduled test session without penalty.

If the candidate reschedules or cancels within seventy-two (72) hours of the scheduled test session, he/she will be required to pay a \$110 fee to Kryterion through your candidate account at the time that you reschedule or cancel the scheduled test session. In addition to the \$110 Kryterion cancellation fee, the ABSM will charge a \$50 administrative fee.

IV. INCLEMENT WEATHER/EMERGENCY CLOSING

If a testing center closes due to inclement weather, all testers will be rescheduled by Kryterion at no additional cost. If, however, the center remains open, students must report to the testing center as scheduled.

Candidates that do not report to a testing center as scheduled will be considered a no-show, and no refund will be given. There may be some exceptions if the tester can document an inability to be physically present.

ADDITIONAL EXAMINATION DETAILS

I. SCORING

All scoring is performed without knowledge of the candidate's identity, and all decisions concerning examination scoring are made before the matching of names and candidate code numbers. Once the code is broken, no decisions or individual scores are changed, with the exception of a granted appeal.

II. EXAMINATION RESULTS

The results of the examination are made available to candidates immediately upon completion of the examination and are mailed to candidates within one month after the examination.

Exam results cannot be verified by telephone; please do not call the national office for this information.

III. APPEAL PROCEDURE

Within 30 days of the date of the notification letter informing the candidate of a negative determination (rejection of credentials or failure of the examination), the candidate may appeal by complying with the following procedure: The individual may request a review of the negative determination by submitting a written explanation of the reason for refuting the negative determination, along with a nonrefundable appeal fee of \$50.00. All materials must be submitted in writing to the American Board of Sleep Medicine, 2510 N. Frontage Road, Darien, IL 60561.

All appeals are carefully reviewed and any decision is considered final.

READING LIST

RST candidates are encouraged to use the following references in preparation for the ABSM Sleep Technologist Registry Examination. The suggested readings are based on the topics covered in the RST exam:

1. American Academy of Sleep Medicine. *A Technologist's Handbook: Understanding and Implementing the AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications*. Darien, IL: American Academy of Sleep Medicine; 2017.
2. Berry RB, Brooks R, Gamaldo CE, et al.; for the American Academy of Sleep Medicine. *The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications*. Version 2.4. Darien, Illinois: American Academy of Sleep Medicine; 2017.
3. American Academy of Sleep Medicine. *International classification of sleep disorders*, 3rd ed. Darien, IL: American Academy of Sleep Medicine, 2017.
4. Epstein LJ, Kristo D, Strollo PJ, et al. Clinical guide for the evaluation, management and long-term care of obstructive sleep apnea in adults. *Journal of Clinical Sleep Medicine* 2009;5(3):263-76.
5. Kushida CA, Chediak A, Berry RB, et al. Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea. *Journal of Clinical Sleep Medicine* 2008;4(2):157-71.
6. Lee-Chiong T, Butkov N. *Fundamentals of Sleep Technology*. Philadelphia: Lippincott, Williams & Wilkins, 2007.
7. Littner MR, Kushida C, Wise M, et al. Practice parameters for clinical use of the multiple sleep latency test and the maintenance of wakefulness test. *Sleep* 2005;28(1):113-21.
8. American Academy of Sleep Medicine. *An Introduction to Sleep Disorders*. Darien, IL: American Academy of Sleep Medicine, 2018.
9. Rosenberg R, Trimble M, Brooks R, Hebding J, Mattice C. *A Technologist's Guide to Performing Sleep Studies*. Westchester, IL: American Academy of Sleep Medicine, 2009.

RST DESIGNATION

A candidate who successfully completes the Sleep Technologist examination will be designated as a Registered Sleep Technologist (RST) and issued a certificate. The ABSM Registered Sleep **Technologist certificate will be valid for 5 years after the date of issue**. RST's can maintain the credential by recertifying in the fifth year of their certification (see **Recertification** below).

I. DUPLICATE OR REPLACEMENT CERTIFICATES

Individuals who hold the Registered Sleep Technologist credential may request a duplicate or replacement certificate by completing a request on the [ABSM website](#). There is a \$25 fee for each duplicate or replacement certificate requested. Please allow four-six weeks for receipt of the certificate via mail.

II. NAME/ADDRESS UPDATES

Individuals who hold the Registered Sleep Technologist (RST) credential must inform the ABSM of any changes to their name, address, or other contact information as soon as possible. Email is the primary form of communication of the ABSM, so it is imperative that the ABSM have a current email address on file at all times.

III. RECERTIFICATION

The ABSM Registered Sleep Technologist credential is valid for five years from the date of issue.

In order to renew your RST credential, you will need to go on the ABSM website and upload evidence (certificates) confirming you've obtained 50 sleep-related continuing education credits in the five years since you've received your RST credential. If you have not already done so, please visit the [ABSM website](#) to create an account, at which time you will be able to upload your continuing education credit certificates. **The ABSM will not accept CE certificates that are mailed or faxed.** See the Recertification Guidelines and RST Recertification Application, found on [absm.org](#) for more information.

IV. VERIFICATION OF CREDENTIALS

The American Board of Sleep Medicine provides primary source verification of RST's. A listing of individuals who have earned the Registered Sleep Technologist credential is available on the [ABSM website](#) in a searchable directory. Individuals who achieve a passing score on the Sleep Technologist Registry Examination will automatically be listed in this directory, unless a written request is submitted to the ABSM office.