

INTERNATIONAL SLEEP SPECIALIST: SOCIETY APPLICATION

# SECTION I – Examination Information

Date of exam: (mo. /day/yr.) / / estimated number of attendees:

Location of exam: Sleep Society:

# SECTION II – Society Information

Society Name: \_ Contact Name:

Address:

City: State/Province: Zip / Postal Code: Country:

Telephone \_ Mobile: Email Address:

**SECTION III – Examination Fees – Please select one**

* Flat Fee $2,000 USD (additional fees may apply for over 35 exam candidates)
* Per exam Fee $200 USD per exam

**SECTION VIII – Criteria for Eligibility – Below is the recommended criteria for exam Eligibility**

* Completed training of 6 months or longer in a full-time sleep medicine fellowship program at an accredited sleep center. (Please submit a copy of fellowship certification.)

OR

* Completed training of 1 year or longer in a fellowship program, of which at least 50% consisted of sleep medicine training at an accredited sleep center. (Please submit a copy of fellowship certification.)

OR

* At least 5 years of involvement in the clinical practice in sleep medicine, sleep education, or sleep research. For each of the 5 years, sleep medicine comprised at least 20% of the involvement. In addition, at least 5 hours of sleep medicine CME and 50 reported polysomnograms were completed every year. Please submit a letter of verification from the department head, division chairperson, or sleep medicine specialist to demonstrate eligibility. In addition, a logbook of cases, polysomnogram reports and CME activity should be kept and may be requested for review by the examination committee.

**Revisions of above requirements requested:   
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**By signing this form, I attest that the information provided is true and accurate.**

Name: Date (mo. /day/yr.) / /

Signature:

**Please submit application form and supporting documents by email to** [**info@worldsleepsociety.org**](mailto:info@worldsleepsociety.org) **OR by postal mail**

World Sleep Society

3270 19th ST NW Suite 110

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