

INTERNATIONAL SLEEP MEDICINE CERTIFICATION INDIVIDUAL APPLICATION

# SECTION I – Examination Information Please attach a passport size photo

Date of exam: (mo. /day/yr.) / /

Location of exam:

Sleep Society:

# SECTION II – Applicant Information

Family Name: \_ Given Name:

Company: Department: Date of hire (month/year) /

Address:

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

Telephone \_ Mobile: Email Address:

Passport No: Date of birth (mo. /day/yr.) / / Nationality:

Gender: ☐ M ☐ F

**SECTION III – Education and Training Qualifications – Please attach official transcript**

|  |  |  |
| --- | --- | --- |
| Institution | Qualification Obtained | Year |
|  |  |  |
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# SECTION IV – Membership in Professional and Academic Societies

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| --- | --- | --- |
| Organization | Rank / Title / Position | Month/Year |
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**SECTION V – Employment History – Academic / Clinical**

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| --- | --- | --- | --- |
| Institution | Rank / Title / Position | Start Date | End Date |
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**SECTION VI – Postgraduate Sleep Medicine Training**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Mentor | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION VII – Postgraduate Sleep Medicine Practice**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Rank / Title / Position | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION VIII – Previous Sleep Medicine board Examinations**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of certification exam | Location of exam | Date of exam | outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION IX – Criteria for Eligibility – Please select ONE**

* 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.

**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 109

Rochester MN, 55901