



INTERNATIONAL SLEEP MEDICINE CERTIFICATION INDIVIDUAL APPLICATION

SECTION I – Examination Information

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

Location of exam: _____

Sleep Society: _____

Please attach a passport size photo

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

SECTION IV – Membership in Professional and Academic Societies

Organization	Rank / Title / Position	Month/Year

SECTION V – Employment History – Academic / Clinical

Institution	Rank / Title / Position	Start Date	End Date

SECTION VI – Postgraduate Sleep Medicine Training

Institution	Mentor	Start Date	End Date

SECTION VI – Postgraduate Sleep Medicine Practice

Institution	Rank / Title / Position	Start Date	End Date

SECTION VIII – 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.)
- 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.)
- 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 to the WSS Headquarters:

World Sleep Society
3270 19th ST NW Suite 110
Rochester MN, 55901