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## AASM Corporate Accreditation Eligibility Form

Thank you for your interest in the AASM Corporate Accreditation Program. AASM Corporate Accreditation is available to entities that either own or manage five or more sleep facilities or Stand-Alone home sleep apnea testing (HSAT) programs.

With Corporate Accreditation, corporate policies and procedures are reviewed and approved, making the accreditation process quicker and easier. Your entity will also receive a discount on each application. Indicate on page 3 (protocol and policy list), which optional policies you choose to include. Please note AASM accreditation is location-specific and each center must apply for and maintain its own accreditation.

To determine if you qualify for this program, we will need some additional information. Please complete *both pages* of this form and return to the AASM.

**Name of Corporate Entity:** \_\_\_\_\_

**Address Information:** Company: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is your entity:**  Corporate Owner  
 Management Company

**Primary Contact Information:** Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Number of Currently Accredited AASM facilities/HSAT stand-alone programs: \_\_\_\_\_

Number of new facilities you plan to accredit in the future: \_\_\_\_\_

*\*\*Please see the next pages for additional information requested for each facility*

**List of Current AASM Accredited Facilities:**

Although we already have a list of accredited facilities, it is important that you provide a comprehensive list of all facilities within your corporate entity so we can confirm that all applicable facilities are included.

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

**List of any new or provisional facilities that are currently in an AASM accreditation application:**

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

Accreditation number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

**List of non-accredited facilities that will be AASM-accredited in the future (if applicable):**

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Performs (check all that apply):

In-center     HSAT     Pediatrics

## Protocols and Policies for Corporate Accreditation

The following is a list of required protocols, policies and optional policies. Optional policies are those that may be submitted as Corporate or indicated by the corporate entity as the responsibility of each individual sleep facility.

Please check and select which optional policies you choose to be corporate or indicate they will be the responsibility of the facility.

### List of Required Protocols:

Comprehensive PSG

- Adult
- Pediatric (if applicable)

CPAP/BiPAP Titration

- Adult
- Pediatric (if applicable)

MSLT

MWT

Split Night Study Criteria

Capnography (if accepting pediatric patients)

HSAT Protocol—To Include

- Patient Acceptance- unless defined in other policy
- Equipment Specifications, including adherence to AASM Scoring Manual and display of raw
- Data
- ID assignment and tracking
- Downloading/erasure of PHI
- Emergency procedure
- On-call coverage
- Data reporting requirements
- Packing, shipping and storage of device

### List of Required Policies:

Patient Acceptance:

- In-center: Minimally Include:
  - Age range
  - Mechanism/procedure
  - Information required from direct referral
  - Evidence based criteria for exclusion
- HSAT (Acceptance may be incorporated into in-center policy, in the HSAT protocol or written as a separate policy): Minimally Include:
  - Age range
  - Mechanism/procedure
  - Information required from direct referral
  - Evidence based criteria for exclusion
  - Equipment Maintenance
  - Technical Training

Background Check

PAP Assessment

Safety Policies

### List of Optional Policies:

- All optional policies will be the responsibility of each sleep facility
- ISR
- Quality Assurance
- Actigraphy
- Esophageal Monitoring
- Safety Risk Unique to In-center Sleep Testing
- Emergency Policies