

Documents Required for Independent Sleep Practice Accreditation

The following application materials must be completed and submitted in the online application for review:

1. Business Associate Agreement
 - a. Signed by the Practice's authorized representative
2. Practice License: Standard A-3 (*photocopies are acceptable*)
 - a. Practice License; or Permit to provide health care services or Hospital License
 - b. Certificate of Occupancy and/or Building Permit; or
 - c. Attestation signed by principal medical staff member (if license/certificate is not required by state or other law)
3. Personnel: Standards B 1-10 (*photocopies are acceptable*)
 - a. Principal Medical Staff Member
 - i. Current Medical License valid in the state where the practice is located
 - ii. Copy of Board Certification in sleep medicine
 - iii. 30 AMA PRA Category 1 CME in sleep medicine earned, averaged 10 per year over the past 36 months
 - b. Medical Staff Members
 - i. Current Medical License valid in the states where patients are evaluated, diagnosed or treated
 - ii. Board Certification in sleep medicine (if applicable)
 - iii. 30 CME in sleep medicine earned in the last three years
 - c. HSAT Staff
 - i. 30 CEC in sleep-related topics earned, averaged 10 per year over the past 36 months
 - ii. Scoring Personnel:
 1. Certification or registration from one of the following organizations:
 - a. ABSM (RST)
 - b. BRPT (CPSGT or RPSGT)
 - c. NBRC (CRT-SDS OR RRT-SDS)
 - d. Employee Background Check Policy
 - e. HSAT Staff Training Policy
4. Independent Sleep Practice Letterhead
5. Equipment List
6. Patient Volume Information
 - a. Include for the last six months:
 - i. Number of Patients seen by professional staff (initial and follow-up)
 - ii. Number of Patients directly referred for testing
 - iii. Number of HSATs Performed
 - iv. Number of Primary Diagnoses Made

7. Advertising Material
 - a. Brochure (if applicable) or confirm advertising does not occur

8. Policies, Procedures, Protocols
 - a. Standards C 1-2 and G-1-2: Patient Policies
 - i. Patient Acceptance and Direct Referral Review
 - ii. Patient Management
 - b. Standards D-5 and E-3-4: Equipment Maintenance and Management
 - c. Standards B-9, I-1-2, and E-1-2: HSAT Protocol
 - d. Standard H-2: PAP Assessment
 - e. Standards J-1-2: Quality Assurance Program/Report
 - i. Assure listing of indicators identified to be monitored
 - ii. Assure responsibilities of the principal medical staff member are defined
 - iii. Most recent Quarterly report for all indicators selected to be monitored, signed by the principal medical staff member
 - f. Standards K-1-2: Safety Policies
 - i. Compliance with required standards, regulations and codes for construction, fire safety and building codes applicable to the facility
 - ii. Compliance with OSHA requirements