



## **ACCREDITATION**

## **PROCESS AND POLICIES**

**POLICIES REVISED January 2025**

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## AASM ACCREDITATION

AASM accreditation is a *voluntary* activity, providing recognition that an entity meets rigorous standards set forth by the AASM. The first sleep center was established in 1964 at Stanford University for the diagnosis and treatment of narcolepsy. In 1975, the Association of Sleep Disorders Centers, a predecessor of the American Academy of Sleep Medicine (AASM), was formed and a Certification Committee was appointed to establish and maintain standards for the evaluation and treatment of patients with sleep disorders. The Montefiore Hospital Sleep Center, New York, was the first to be accredited on April 27, 1977.

The Accreditation Committee (formerly the Certification Committee) maintains the *Standards for Accreditation* (“Standards”). Final approval of the Standards rests with the AASM Board of Directors. The Standards are updated periodically to remain consistent with changes in technology and clinical practice.

Standards are designated as either ‘Category I’ or ‘Category II.’ Category I standards are marked as such, and all other standards are Category II. Though all standards are required to be met, non-compliance to “Category I” standards are immediate cause for denial or revocation of accreditation. Additional information requests or provisos (outstanding issues following a site visit) may be requested for non-compliance to “Category II” standards; however, entities will not be issued provisos for accreditation standards marked as “Category I.”

## ACCREDITATION FRAMEWORK

In the field of sleep medicine, larger hospital, or physician groups with multiple clinics and/or labs (complex health systems) are becoming more prevalent. Smaller sleep practices also are leveraging technology to expand their reach with less dependence on physical infrastructure. These sleep programs are finding creative ways to reach patients, which has resulted in various practice models.

To accommodate the changing state of sleep medicine, and to align with [Accreditation Networks](#), the AASM now has a modular accreditation system that allows for greater flexibility to accommodate all practice models.

Each [Accredited Service](#) (Sleep Clinic, Non-Sleep Clinic, In-lab Sleep Testing, Home Sleep Apnea Testing and Durable Medical Equipment Supplier) maintains accreditation within the network.

### Accreditation Network

To improve the accreditation experience for accredited service locations that are associated with one another either under a hospital, large health system, or multi-clinic sleep practice and share commonalities, the AASM accreditation process automatically shares information between these accredited service locations within the same Accreditation Network. Each Accreditation Network will be identified by an Accreditation Network number.

Accredited services that are a part of the same Accreditation Network will:

- Share specific information between applications
- Share the same accreditation expiration dates
- Share the same site visit schedules
- Be eligible to participate in volume pricing

## Services Eligible for Accreditation

Each accredited service receives its own unique accreditation number. AASM provides accreditation to the following types of services:

### Sleep Clinic

“Sleep Clinic” service is used to refer to a sleep clinic location where patient evaluation and management occur. A Sleep Clinic manages patients for a wide range of sleep disorders. A Sleep Clinic is the only service type that can receive accreditation without having another accredited service as a part of the Accreditation Network.

### Non-Sleep Clinic

“Non-Sleep Clinic” service is used to refer to a non-sleep clinic location (such as a cardiology clinic) where patients are screened for sleep apnea. A Non-Sleep Clinic must be associated with an [HSAT](#) service to perform HSAT and a [lab](#), which can provide patients in-lab sleep testing and treatment and management of sleep disorders.

### In-Lab Sleep Testing

“In-Lab Sleep Testing” service refers to the location where diagnostic testing using in-lab sleep tests is performed. In-lab sleep testing services must be associated with a [Sleep Clinic](#) and an [HSAT](#) service.

### Home Sleep Apnea Test (HSAT)

An “HSAT” accredited service refers to the location where diagnostic testing using HSATs is provided. HSAT services must be associated with a [Sleep Clinic](#).

### Durable Medical Equipment (DME) Supplier

A “DME Supplier” refers to the location where PAP therapy and PAP equipment are supplied to patients. A DME Supplier must be associated with a [Sleep Clinic](#).

## Application Types

The types of accreditation applications available are:

### New Accreditation

New accreditation is available to any entity (Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT and/or DME Supplier). Entities applying for new accreditation, which have been in operation less than 6 months, will receive an [accreditation flag](#) until the completion of the [Final Verification Process](#). New accreditation is granted for five years unless the adjusted term of the expiration date shared by the accreditation network is less.

## Reaccreditation

An accredited service (Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT and/or DME Supplier) must submit a reaccreditation application 6 months prior to the end of the accreditation term in order to achieve continued reaccreditation without delay or lapse in status. Applications for reaccreditation will not be accepted more than 10 months in advance of the expiration date. See [Reaccreditation Application Submission](#) for further details.

An [accreditation flag](#) will be applied to the service if approval for reaccreditation has not been achieved by their accreditation expiration date; a program may not exceed three (3) months past their accreditation expiration date.

## Special Consideration Application

An accredited service that has a significant change (e.g., primary contact, network and/or site director, ownership or name, expansion, or relocation), which requires notification to the AASM, must submit a Special Consideration Application.

# ACCREDITATION STATUS

## Accreditation

Accreditation is granted by the AASM Accreditation Committee to entities that demonstrate compliance with all relevant *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)*. Once approved (and any provisos resolved), entities will receive an accreditation certificate in the mail.

## New Accreditation (Single)

A new single accreditation (not part of an Accreditation Network with a shared expiration date) is granted accreditation by the AASM Accreditation Committee for a period of 5 years.

## New Accreditation (Accreditation Network)

A new accreditation under an established Accreditation Network will sync (based upon an adjusted term) with the network's accreditation term and expiration date. The adjusted accreditation term will be approved by the AASM Accreditation Committee. The adjusted terms are as follows:

- If a new service location applies for accreditation under a network that has an accreditation expiration date two (2) or less years away, then the newly accredited service will initially receive a lengthened term by adding the two (2) years or less to their five-year accreditation term (equaling a seven (7) or less year accreditation term).
- If a new service location applies for accreditation under a network that has an accreditation expiration date term more than two (2) years away, then the newly accredited service will initially receive a shortened term (anywhere between two (2) to five (5) years) to align with the shared network accreditation expiration date. A reaccreditation application will be required at the time the accreditation network applies for their reaccreditation.

## Reaccreditation (Single or Accreditation Network)

Reaccreditation is granted by the AASM Accreditation Committee for a period of 5 years from the initial accreditation expiration date term. See [Reaccreditation Application Submission](#) for further details.

## Denied Accreditation

Accreditation will be denied, and no refunds given, for entities that:

- Submit an incomplete or inadequate application
- receive one or more provisos on category I standards, or
- receive more than 10 provisos.

If currently accredited, the accreditation term ends the date of denial. An [appeals process](#) is available to entities that did not fulfill the accreditation requirements resulting in denial of accreditation. An entity may also reapply, submit all applicable fees, and begin the accreditation process again.

## Revoked Accreditation

If an entity is not in compliance with the *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)* during their accreditation term, their accreditation may be revoked. Examples of reasons for revocation include, but are not limited to:

- a. Illegal activity
- b. AASM Board of Directors or Accreditation Committee action
- c. Violation of a category I standard
- d. Did not complete or failed a site visit
- e. The entity failed to notify the AASM of initiation of any government, local, state, or federal investigation or adverse action taken against the entity that impacts the ability to meet any standards
- f. Non-compliance to provisos

**Failure to notify the AASM within 30 days of a, c or e may result in revocation of accreditation and denial of future accreditation. The accreditation term ends the date of revocation; no refunds are given.**

If accreditation is revoked for any reason other than not completing a site visit, the entity is required to wait one full year before applying for accreditation again. If accreditation was revoked due to not completing a site visit, the entity may reapply, submit all applicable fees and begin the accreditation process again at any time.

## Suspended Accreditation

If an accredited entity loses its ability to meet the *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)* (e.g., loss of network or site director), the Accreditation Committee may decide to suspend the entity's

accreditation until the entity can once again meet the *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)*.

**While accreditation is suspended, the entity is not accredited. The entity may not use the AASM logo or other materials that imply accreditation by the AASM. All references to AASM accreditation in advertisements must cease.**

For accreditation to be reinstated, the network or site director must provide written documentation of changes that have been made to correct deficiencies. A site visit may be necessary, at the entity's expense, to determine whether the entity now meets the *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)*. It is not necessary to submit a new application for accreditation.

When accreditation is reinstated, full accreditation resumes for the remainder of the original accreditation term. **A reinstatement fee will be charged when the entity is ready to resume its operations in full compliance with the *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)*.**

Suspended accreditation status cannot be continued beyond one year. Failure to meet all standards within one year will result in [revoked](#) accreditation. Failure to notify the AASM of changes in an accredited entity that may lead to suspended accreditation is cause for denial of future accreditation.

## Accreditation Flags

The AASM utilizes flags to identify entities that maintain accreditation with conditions. Flags are classified as either operational or administrative. The following flags are applied, downgraded (operational to administrative), or removed after each of the following conditions have been met:

### Operational Flag

- **Patient Management Flag**: An entity has been in operation for less than 6 months when applying for new accreditation, and therefore, does not have enough patient volume and statistics at the time of application and has an outstanding [site visit](#). Failure to complete a [site visit](#) in the allotted period (12 months from the date of [approval](#)) may result in [revoked](#) accreditation. This flag will be downgraded to an administrative flag once a completed Patient Volume and Statistics form has been submitted by the entity and reviewed and approved by the AASM.
- **Provisory Flag**: An entity has outstanding [provisos](#). Failure to resolve provisos in the allotted proviso period (3 months) may result in [revoked](#) accreditation. See [Submission of Information in Response to Provisos](#) for further details.

### Administrative Flag

- **Site Visit Flag**: An entity has an outstanding site visit. Failure to complete a [site visit](#) in the allotted period (12 months from the date of [approval](#)) may result in [revoked](#) accreditation.
- **Interim Accreditation Flag**: An entity is pending approval of reaccreditation beyond their



current expiration date. A reaccreditation application was submitted before their expiration date but approval from the Accreditation Committee for reaccreditation was not obtained prior to their accreditation expiration date. Failure to achieve reaccreditation in the allotted time (3 months past expiration) will result in expiration of accreditation and void of the current application. If the entity wishes to pursue accreditation at that time, a new accreditation application with fee must be submitted. See [Reaccreditation Application Submission](#) for further details.

The public can view assigned flags on the accreditation account via the AASM Accreditation Directory.

## APPLICATION SUBMISSION PROCESS

It is recommended that the accreditation section of [www.aasm.org](http://www.aasm.org) be reviewed for accreditation resources (e.g., frequently asked questions, Fact Sheets), information about the accreditation process, and the most current *Standards for Accreditation (Accreditation Network, Site, Sleep Clinic, Non-Sleep Clinic, In-Lab Sleep Testing, HSAT or DME Supplier)*.

Please follow these steps in the application process:

1. **Read** the Accreditation Process and Policies document completely before beginning the online application or gathering supporting materials.
2. **Decide** the type(s) of [Service\(s\)](#) that will be accredited and [Application](#) that will be submitted.
3. **Complete and submit** the online application along with payment to begin review.

The length of time an individual application spends in the accreditation process varies widely depending upon the quality of the application, the volume of applications currently under review, and the speed with which responses are received from the applicant.

The Accreditation Committee oversees the accreditation process. Site visitors are board-certified sleep specialists who are or have been directors of AASM-accredited sleep facilities.

The AASM reviews all applications using the most current Application and *Standards for Accreditation* regardless of the age of the application submitted. The current Application for Accreditation is freely available at [www.aasm.org](http://www.aasm.org).

The AASM does not accredit satellite services. Each individual service and its respective location must independently meet and maintain all the relevant *Standards for Accreditation* for that service type.

### Reaccreditation Application Submission

A reaccreditation application must be completed and submitted no later than six (6) months prior to the end of the accreditation term to achieve continued reaccreditation without delay or lapse in

status. Entities failing to do so may still submit an application up to the actual expiration date; however, a late reaccreditation application fee will be assessed.

Entities that submit a reaccreditation application prior to the end of the accreditation term but continue in application past the expiration date will receive an accreditation flag for a period of three (3) months past the accreditation term. Entities that fail to achieve accreditation within three (3) months past the accreditation term will expire, and the current application will be void. Entities will be required to submit a new accreditation application and will experience a lapse in accreditation status until new accreditation is approved. The AASM reserves the right to make exceptions to this policy when it deems warranted.

Accreditation of entities that fail to submit the reaccreditation application by the expiration date will expire and the entity will be required to submit a new accreditation application. The original accreditation date will be lost, and a site visit will be required. Entities will experience a lapse in accreditation status until new accreditation is approved.

### Early Reaccreditation

Accredited entities that relocate less than 18 months before their accreditation expiration date may complete an early reaccreditation application. The early reaccreditation option is subject to AASM approval. Contact the AASM for more information regarding this process.

## ACCREDITATION APPLICATION PAYMENT

Once the entity's designated staff member and network or site director complete the online application and the network or site director attests to the accuracy of the information, the application and accreditation fee should be submitted to the AASM.

### Fees

A complete list of accreditation fees for applications, service fees, site visit cancellations, change requests, and refund opportunities are listed on the AASM website at [www.aasm.org](http://www.aasm.org).

Please note that fees are subject to change without notice. Fees apply to the continental United States. Additional fees may apply for entities located outside the continental United States.

Once a payment is received, a receipt will be emailed to the designated primary contact.

Applicants who transfer to another Accreditation Network, after payment has been processed, will incur expenses for any difference in fees between the networks (considering any prorations and volume pricing discounts). These fees must be paid before resuming the application review process.

## APPLICATION REVIEW PROCESS

The online application is reviewed by an Accreditation Reviewer to evaluate all submitted documentation, materials, and forms to determine compliance to the standards.

Review of the online application typically takes 4-6 weeks from the date **payment is received**. If payment is not received within 14 calendar days after the submission of the accreditation application, the application will be voided, and the entity must reapply. The application will not be reviewed until payment is received.

Once the application review is completed by the AASM, the entity may be asked to submit additional information to demonstrate compliance with the Accreditation Standards. The entity's primary contact will receive an email indicating there are outstanding issues associated with the application. The entity will then need to log into the online application to resolve the issues within 14 calendar days.

- Applicants who do not respond to the issues within 14 calendar days will be assessed a late responses to application queries fee.
- If a response to these issues is not received within 28 days, the application is voided.
  - Applicants in the review process are eligible for a refund. To reapply, the entity must submit a new application along with the full accreditation fee payment.
- If the application does not pass the review process, the entity will be notified that the application has been rejected.
- The AASM reserves the right to return incomplete applications.
- The network or site director may request reconsideration of the review decision in writing to the AASM Board of Directors within thirty (30) days of notification by the AASM ([See RECONSIDERATION PROCESS](#)).

Types of Issues:

- a. **Category I:** Issues related to category I Accreditation Standards will be included in the online application and are required to be resolved before approval by the Accreditation Committee. The site visitor will determine compliance with category I standards during the site visit.
  - a. **All category I standards must be resolved prior to being presented for approval by the AASM Accreditation Committee. Failure to meet one or more category I standards will always result in denial of accreditation. No exceptions will be made.**
  - b. If a site visit is not required for an application, all issues must be resolved during the application process, regardless of issue type.
- b. **Category II:** Issues related to category II Accreditation Standards will be included in the online application and are required to be resolved by the date of the site visit. The site visitor will determine compliance with category II standards during the site visit.
  - a. The entity may have no more than 10 outstanding category II issues prior to being presented for approval by the Accreditation Committee.

- b. A category II proviso must be resolved within three (3) months of the notification date stated by the AASM.
- c. If a site visit is not required for an application, all issues must be resolved during the application process, regardless of issue type.

## ACCREDITATION APPROVAL PROCESS

Upon completion of the application review process, a recommendation regarding the accreditation status of each service location is submitted to the Accreditation Committee for final approval.

The Accreditation Committee will render one of two decisions:

- a. **Accreditation approved:** The entity is granted full accreditation from the date of approval by the Accreditation Committee. Continued accreditation may be dependent upon successful completion of a site visit.
- b. **Accreditation denied**

**Once the Accreditation Committee renders a decision (approved or denied), the entity is not eligible for a refund.**

## SITE VISIT PROCESS

Once a new or reaccreditation application has been submitted, all required documentation has been reviewed, and the program has received approval of accreditation by the Accreditation Committee, an in-person site visit will be scheduled within the first year (12 months) from the accreditation approval date for applications with In-Lab Sleep Testing service(s). Accredited programs with only HSAT service(s) will receive a remote site visit within the first year (12 months) from the accreditation approval date.

A site visit is not required for Sleep Clinic only (no diagnostic testing services) and Sleep Clinic with DME Supplier applications, but the AASM reserves the right to perform a site visit at any accredited service location for any reason.

Entities applying for new accreditation, which have been in operation for less than 6 months, must complete and submit Patient Volume and Study Statistics prior to scheduling a site visit. The site visit must be completed within six (6) to twelve (12) months from the date of approval by the Accreditation Committee. Once Patient Volume and Study Statistics have been submitted, reviewed, and approved in application, the entity will be moved from a [Patient Management Flag](#) to a [Site Visit Flag](#).

In-Lab Sleep Testing [Relocation Applications](#) will receive a remote site visit to ensure the entity's physical space meets applicable *Standards for Accreditation*. Following the remote site visit, the Accreditation Committee will determine continued accreditation status. Accreditation, if approved,

will be granted for the remainder of the original accreditation term. An in-person site visit will be required at the next accreditation cycle.

A Business Associate Agreement must be signed by both parties (the AASM and the entity) prior to the site visit. If the agreement is not fully executed, the site visit will be postponed and/or cancelled.

Entities should NEVER contact their site visitor directly; all communication is to be directed through the AASM Accreditation Coordinator assigned to the entity.

AASM staff and site visitors are not allowed to receive any gifts, promotional items, or any other monetary remuneration from the entity.

**AASM reserves the right to perform a site visit at any accredited service location at any time when it deems warranted.**

### Scheduling

Based on the site visitor's availability, a site visit date will be selected by the AASM. The entity will then be notified via email that a site visit has been scheduled. The entity will be offered one (1) date. If this date conflicts with the entity's schedule, a second and final date will be offered. If the second date is not accepted, the AASM reserves the right to cancel the site visit.

- a. If the entity does not receive a site visit within the first year (12 months) from the accreditation approval date, the entity's accreditation may be revoked.

### In-Person Site Visit Process

The network or site director, one (1) additional professional staff member (the most active in the sleep program) and one (1) night technologist must be present during the site visit.

The entity must complete the site visit itinerary with the names of all required staff to be interviewed. The itinerary must be submitted to the AASM Accreditation Department at least two weeks prior to the site visit. Failure to do so may result in cancellation of the site visit.

- a. If the entity does not receive a site visit within the first year (12 months) from the accreditation approval date, the entity's accreditation may be revoked.

Generally, the site visit will start at 8:00 am (local time) and last 6-8 hours. The length of the visit depends on the size of the facility (for in-lab testing), complexity of services provided, and application being reviewed.

***The AASM reserves the right to review any and all information at the time of any site visit. The site visitor has the right to be as detailed as necessary. An entity should be fully prepared to review all documents and data relevant to any AASM standards during a site visit.***

## Remote Site Visit Process

AASM will perform the site visit using remote video capability to ensure the entity complies with the *Standards for Accreditation*. AASM will provide instructions for performing the remote site visit when scheduling the site visit. The entity will be solely responsible for supplying the remote video tool (laptop, mobile phone, tablet) on the entity's end for completion of the site visit.

During the remote site visit, if the entity is noncompliant with any of the current *Standards for Accreditation*, AASM reserves the right to perform an in-person site visit.

- a. If an in-person site visit verification is required, AASM will bill the entity a flat fee to cover the costs of another site visit.
- b. Payment must be made before the in-person site visit is scheduled.

## Cancellation Policy/ Process

Cancellation of a scheduled site visit, **for any reason**, terminates and closes the application. The accreditation fee will not be refunded, and the entity's accreditation may be revoked if it has not completed or failed a site visit within the first year (12 months) of the accreditation approval date.

The AASM reserves the right to make exceptions to this policy when it deems warranted. The decision to make such an exception is at the sole discretion of the AASM. Such circumstances may include:

- catastrophic weather or environmental emergencies
- unexpected injury or death of a key staff member
- other similar situations beyond the control of either the entity or the AASM

Regardless of cause for cancellation, the entity will be required to pay all cancellation and re-booking fees as well as an in-person site visit cancellation fee or remote site visit cancellation fee. The AASM will invoice the entity for this fee, which must be paid prior to rescheduling the site visit. If the entity's accreditation is revoked and the entity reapplies, the application with applicable fee must be submitted, and the accreditation process will begin again.

## FINAL VERIFICATION PROCESS

Following the site visit, the site visitor submits a report to AASM for review. Upon review of the site visit report, the entity will advance in one of three ways:

- a. The site visit report indicates the entity is in compliance with the *Standards for Accreditation*.
  - i. **Result:** The entity will continue with accreditation from the original date of accreditation by the AASM Accreditation Committee.
- b. The site visit report indicates the entity is largely in compliance with the *Standards for Accreditation* and is pending compliance to ten (10) or less category II standards identified during the site visit.
  - i. **Result:** The entity will continue with accreditation with an accreditation flag and has

three (3) months to demonstrate all provisos have been resolved. If resolved, the entity will continue with accreditation from the original date of accreditation by the AASM Accreditation Committee.

- c. The site visit report indicates the entity is not in compliance with the *Standards for Accreditation* and will receive a [revocation](#) of accreditation from the AASM Accreditation Committee.
  - i. The network or site director may request reconsideration of the revocation decision in writing to the AASM Board of Directors within thirty (30) days of notification by the AASM (See [RECONSIDERATION PROCESS](#)).

## Submission of Information in Response to Provisos

Entities will maintain an accreditation flag until all provisos are resolved. The deadline for demonstrating resolution of provisos is three (3) months from the notification date stated by the AASM.

Entities will need to submit written documentation demonstrating that the provisos have been resolved. The AASM will review this information, and the entity will advance in one of two ways:

- a. The documentation provided resolves all provisos, and the provisory designation is lifted (accreditation flag removed).
- b. The documentation provided does not sufficiently resolve all provisos.
  - i. **Result:** The entity will be asked to submit additional information.
    - Applicants who do not respond to the additional information requests within 14 calendar days will be assessed a late response to application queries fee.

If written information, demonstrating resolution of all provisos, is not received within three (3) months, the review process is terminated, and accreditation is [revoked](#).

AASM will decide if a [site visit](#) verifying compliance with provisos is necessary. If a site visit is required to verify compliance with provisos, AASM will bill the entity a flat fee to cover the costs of the site visit. Payment must be made before the site visit is scheduled. Once the entity demonstrates compliance to the provisos, the provisory designation is lifted.

## WITHDRAWALS

An entity may withdraw their application for accreditation at any time. In order to withdraw an application, the network or site director must submit a letter, on the entity's letterhead, requesting the withdrawal. A portion of the accreditation fee will be refunded to the entity, the amount of which will be determined based upon the status of the application at the time of withdrawal. Applications withdrawn renders the application void and the accreditation term expired or revoked.

## SPECIAL CONSIDERATIONS

An entity must notify the AASM within **30 days** of the following: changes to the primary contact,



Network or Site Director, accredited services offered, ownership or name, as well as addition of pediatric services, reduction, expansion, closure, or relocation. If two or more accredited service locations merge, accreditation continues until the earlier scheduled expiration date.

Following notification, the entity will submit a Special Consideration application and follow the [Application Review Process](#). These changes will require submission of appropriate documents and credentials for approval. A list of required documents for each Special Consideration type can be accessed via the aasm.org website under [Program Changes](#).

Failure to notify the AASM of changes to a [Special Consideration](#) is cause for denial of future accreditation.

### Change of Primary Contact

A Primary Contact is the network or site director's designee who should receive all communications as it relates to their accreditation(s). Up-to-date and accurate contact information is mandatory to ensure communications (approval letters, reaccreditation reminder notifications, etc.) are received.

### Change of Network, Site Director, or Medical Director

It is mandatory that entities have on staff, at all times, a Network Director, Site Director and/or a Medical Director per the *Standards for Accreditation*. A change to either a Network Director, Site Director or Medical Director requires submitting documentation that the incoming director meets the requirements of the *Standards for Accreditation*.

### Closure of Accredited Services

Closure of accredited service(s) (e.g., in-lab sleep testing and/or HSAT) within an Accreditation Network may change the overall services available within a network. Notification of accredited service closures is needed to ensure that the network continues to maintain the minimum [service requirements](#) and is compliant to the *Standards for Accreditation*.

### Expansion of In-Lab Sleep Testing

Expansion of an in-lab sleep testing service is defined as addition of new bedrooms to the existing lab or new populations to be served, such as pediatric patients.

### Expansion of Non-Sleep Clinic Location

Expansion of a non-sleep clinic location is defined as adding a non-sleep clinic to an existing network. Networks expanding non-sleep clinic locations must submit an expansion of non-sleep clinic location change request and fee for each new non-sleep clinic location. A [remote site visit](#) will be required at the next accreditation cycle.

### Change of Control/Ownership of the Accredited Service Location

Change of control/ownership of the accredited service location would include sale, acquisition or merger of the accredited service location with the location staying the same.



The accreditation granted by AASM will remain with the accredited service location (as designated by the entity's NPI Number). Entity NPI Number (Type 2) and legal ownership of the entity must be specified at the time of application for accreditation.

**AASM accreditation is owned solely by the AASM. It is not saleable. AASM accreditation is a voluntary activity.**

### Change to Service Name

An accredited entity's name is the name approved by the AASM during the entity's accreditation application process. When a change to the name occurs, the entity must submit a special consideration Service Name Change application.

### Relocation

Relocation is defined as a move to a new location or new physical space within the same location. In case of relocation, the accredited entity must submit a [Special Consideration \(Relocation\) Application](#) to continue accreditation in the new location. The entity has 90 days to submit the Relocation Application and Relocation Application Fee. Review of the new location is performed to ensure the new location is compliant to the *Standards for Accreditation*. Approval of a Relocation Application grants the accredited entity continuation of their current accreditation term.

An entity may submit a Relocation Application as a part of their [Reaccreditation Application](#). An entity may be eligible to apply for [Early Reaccreditation](#) if the entity has relocated less than 18 months prior to the entity's expiration date. Request for early reaccreditation must be reviewed and approved by the AASM. If the early reaccreditation option is approved, all regular reaccreditation fees will apply, and a complete application must be submitted. Early reaccreditation will require a [site visit](#). The entity has 90 days to submit the early reaccreditation application.

### In-Lab Sleep Testing Relocation

Relocation of in-lab sleep testing requires a [remote site visit](#) during the relocation application process to ensure the entity's physical space meets applicable *Standards for Accreditation*. An in-person site visit will be required at the next accreditation cycle.

### Sleep Clinic, Non-Sleep Clinic, HSAT, DME Relocation

Relocation of a sleep clinic, non-sleep clinic, HSAT and/or DME supplier location does not require a remote site visit during the relocation application process. A [remote site visit](#) for HSAT will be required at the next accreditation cycle.

### Relocation in Conjunction with an Ownership Change

If an entity relocates and changes ownership, this will be considered a new entity. The entity must apply for [new accreditation](#).

## RECONSIDERATION PROCESS

Accreditation of any accredited service may be [denied](#) or [revoked](#) at any time for cause.

Only the Accreditation Committee can approve, deny, suspend, or revoke accreditation status. Entities may appeal a denial, suspension or revocation made by the Accreditation Committee.

The reconsideration process is described below:

- a) If the entity wishes to have the decision reconsidered, a request must be submitted in writing by the network or site director within thirty (30) calendar days of the date of the notification letter along with the reconsideration fee. The submitted request for reconsideration should include documentation addressing the reasons for the denial/suspension/revocation.
- b) The letter for reconsideration will be reviewed initially by the AASM Director of Accreditation and then by the AASM Executive Committee or AASM Board of Directors.
- c) Based upon review of the entity's reconsideration case, the AASM Executive Committee or Board of Directors will render a decision on the appeal.
  - i. The letter for reconsideration must have a decision rendered by the AASM Executive Committee or AASM Board of Directors within three (3) months from the date of submitting the request for reconsideration.
- d) The AASM Executive Committee or Board of Directors' decision will be sent to the entity within twelve (12) weeks of receipt of the reconsideration request letter.
- e) The decision by the AASM Executive Committee or Board of Directors is final.

Payment must accompany the network or site director's letter. If payment is not received, the reconsideration request will automatically be rejected. All other costs associated with the reconsideration request are the responsibility of the sleep entity. This may include costs associated with a site visit.

## LOGO USAGE AND ADVERTISEMENT OF ACCREDITED STATUS

Each accredited service location is authorized to promote its AASM accredited services. This can be accomplished through text or the use of the AASM accreditation logo.

It's imperative to understand that any use of an AASM logo other than the AASM accreditation logo is strictly prohibited. The AASM accreditation logo is exclusive to accredited services provided at the specific location(s) that have obtained AASM accreditation.

Non-AASM-accredited services are prohibited from using the AASM logo in any capacity. If a service is found to misrepresent itself by using the AASM logo, or if any other service operates alongside an accredited service location but lacks accreditation, a warning will be issued. Continued misuse of the logo may result in legal action, including accreditation revocation and fines for each offense.