

ALVIN COMMUNITY COLLEGE

**Polysomnography/
Sleep Medicine
Program**

Associate Applied Science

Program Information and Application

Application Deadline November 1

For more information

<http://www.alvincollege.edu/Polysomnography>



Commission on
Accreditation
OF ALLIED HEALTH EDUCATION PROGRAMS



Revision Date 2/9/2017

Polysomnography Degree Program 281-756-5655
Degree: Associate in Applied Science (AAS)

Purpose: Polysomnographic (PSG) Technology is an allied health specialty for the diagnosis and treatment of disorders of sleep and daytime alertness. The range of the sleep disorders is varied but includes common disorders such as narcolepsy, sleep apnea, insomnias, and many others. PSG technologists operate a variety of sophisticated electronic monitoring devices, which record brain activity (EEG), muscle and eye movement, respiration, blood oxygen and other physiological events. Technologists are also involved in evaluation of various treatment methods.

PSG technologists are employed in Sleep Disorders Centers, which can be located in medical centers, hospitals, or clinic/office settings. PSG program offers a degree that includes lectures, laboratory experience on campus, clinical experience at accredited sleep centers, and physician lectures. A major emphasis of the program is to prepare technologists for Board Registration by the Board of Registered Polysomnographic Technologists (BRPT). Phone 703-610-9020

The program is fully accredited by the Committee on Accreditation for Polysomnographic Technologists Education (CoA-PSG), One Westbrook Corporate Center, Suite 920, Westchester, IL 60154, and the Commission on Accreditation of Allied Health Education Programs (CAAHEP), 35 E. Wacker Dr., Suite 1970, Chicago, IL 60601-2208, www.caahep.org. Phone 727-210-2350

Admission Requirements

To be considered for admission to the Polysomnography program, the applicant must:

- a. be a high school or GED graduate
- b. make an application to Alvin Community College and fulfill the admission requirements.
- c. make an application to the Polysomnography program
- d. submit official transcripts of all previous college work to Alvin Community College
- e. demonstrate an understanding of the responsibilities, duties and technical standards for the Polysomnography profession
- f. have completed the HESI A2 Entrance Exam and complete BIOL 2401, BIO: 2402, and ENGL 1301 with a grade no lower than a "C" before January start date.
- g. interview with the Program Director
- h. complete a physical examination which includes TB skin test and immunizations upon acceptance to the program.
- i. not currently be on suspension or academic probation.
- j. have current CPR certification - AHA Health Care Provider (will be taught in HPRS 1310).
- k. must have a negative criminal background check and a clear drug screen as condition of full acceptance into the program

Progression Policy

1. The Polysomnography students will abide by the admission and curriculum requirements of the Polysomnography Department at the time they are admitted or re-admitted to the program.
2. Once a student has enrolled in the Polysomnography Program, all Polysomnography courses must be completed in the proper sequence as shown in the catalog and degree plan, or must have the approval of the Program Director.
3. No grade below a C in a Polysomnography or academic course will be acceptable.
4. A student will be terminated from the program if clinical performance is unsatisfactory as determined by the Clinical Instructor and the Program Director. This action may be taken at any time during the semester or at the end of the semester.
5. In the event a student is asked to leave a clinical affiliate, and not return, the student may not continue progressive courses utilizing that facility. If the clinical affiliate is utilized in future courses, the student will be terminated from the program.
6. Only two (2) attempts in any science/math or any Polysomnography course will be permitted. An attempt is defined as a course in which a grade of D or F is recorded on the transcript.
7. A student requiring hospitalization, or sustaining an injury will be required to obtain a written statement from his/her physician verifying that the health status of the student is adequate for performance in the clinical agency. A student may not be allowed to return to the clinical area if he/she must be on medications which may interfere with his/her ability to perform satisfactorily.
8. A student who is pregnant must present a physician's statement giving evidence of her ability to perform the required work.
9. Students must complete the program within three (3) years after initial acceptance.

**ALVIN COMMUNITY COLLEGE
POLYSOMNOGRAPHY
Associate of Applied Science Degree
APPROXIMATE COST**

<u>Semester</u>	<u>In/Out of District Tuition and Fees*</u>	<u>Fees+</u>	<u>Textbooks</u>	<u>In/Out of District Total</u>
Prerequisite Courses	\$729.00/1224.00	\$40.00	\$500	\$1,269/\$1,764.00
Spring (15hrs)	\$937.00/\$1,612.00	\$165.00	\$350.00	\$1,452.00/\$2,217.00
Summer (7hrs)	\$512.00/\$836.00	\$95.00	\$75.00	\$682.00/\$1,688.00
Fall (15hrs)	\$937.00/\$1,612.00	\$115.00	\$100.00-150.00	\$1,202/\$1,877.00
Spring (12hrs)	\$781.00/\$1,321.00	\$355.00	\$100.00-150.00	\$1,286.00/\$1,826.00
Total Program Cost				\$5,891.00/\$8,382.00

*Based on prescribed curriculum sequence and current tuition rate

+Technical program fees: lab fee, online course fees, & technical course fee

<u>Additional Costs: Approximate Cost</u>	
Background Check	\$50.00
Drug Screen	40.00
Malpractice Insurance (\$9.00/yr)	27.00
Physical Exam (TB test, Hepatitis Vaccine, MMR, Varicella, TDAP)	150.00+
Scrubs, Lab coat, Etc	100.00+
Flu & TB Test (for second year)	40.00
Graduation Cap and Gown	30.00
Parking in Medical Center	200.00
Total	\$640.00

National boards

Registered Polysomnographic Technologist (BRPT) \$450.00

THESE ARE APPROXIMATE COSTS AND ARE SUBJECT TO CHANGE WITHOUT NOTICE

3110 Mustang Road
Alvin, Texas 77511-4898
(281) 756-5655

ALVIN COMMUNITY COLLEGE
ASSOCIATE APPLIED SCIENCE DEGREE
POLYSOMNOGRAPHY
APPLICATION FOR ADMISSION

(Please print in ink or type)

Last Name _____ ACC Student ID# _____

First Name _____ Middle Name _____

Suffix (Jr., II, etc) _____ Other last names
you have had _____

Mailing Address _____
Street, PO Box, rural route, etc City State Zip

Permanent Address (If different) _____
Street, PO Box, rural route, etc City State Zip

Home phone # (_____) _____ - _____ Work phone # (_____) _____ - _____

Mobile phone # (_____) _____ - _____ Pager # (_____) _____ - _____

County of residence _____ E-mail _____

Emergency Notification (spouse, parent, guardian, etc): _____

Address _____ Telephone # (_____) _____ - _____
Street City State Zip

Citizenship: U.S. Citizen Permanent Resident Alien International Student

PERMANENT RESIDENT ALIEN INFORMATION
Country of Citizenship _____ Resident Card Number _____

Are you currently enrolled in a college or university? YES NO

If yes, name of institution & city/state: _____

List all courses in which you are currently enrolled: _____

COLLEGES / UNIVERSITIES ATTENDED (Vocational, 2-year and/or 4-year)
School name/city/state Major & Degree earned Dates attended

CREDENTIALS / LICENSES

Do you have any of the following degrees: Associate Degree Nursing Respiratory Care Electroneurodiagnostic National Registry
Paramedic

Type Institution name City State Dates attended

I certify that information given on this application is correct and complete. I understand that miss-representation or omission of information will make me ineligible for admission to, or continuation in, the Alvin Community College Polysomnography Program. If applying on line, signature will be obtained at the information meeting.

Legal signature of applicant _____ Date _____

Return this form



ALVIN COMMUNITY COLLEGE

Polysomnography Program

PERSONAL STATEMENT

(Please attach a separate sheet of paper if necessary)

1. Please explain in your own words why you wish to enroll in the PSGT Program.

2. Please tell us about experiences in your life that have led you to a career in health care.

Return this form

Letter of Reference

Applicant: _____

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Polysomnography Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

3. More than satisfactory
2. Satisfactory
1. Unsatisfactory
- NO Not observed, or no basis for judgment

ABILITIES/SKILLS	3	2	1	NO	
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to work/coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supervisors
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Additional information – Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Return this form

Page 2: Letter of Reference

Relationship to applicant ___ Adviser
 ___ Teacher
 ___ Supervisor
 ___ Other: Please indicate _____

How long have you known the applicant?

How well do you know applicant? _____

Do you ___ Highly Recommend
 ___ Recommend
 ___ Recommend with Reservations
 ___ Not Recommend

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: (____) _____

Please return this evaluation form to:

Alvin Community College
Polysomnography
3110 Mustang Road
Alvin, TX 77511-4898

Return this form

Letter of Reference

Applicant: _____

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Qualities that require further development. _____

Return this form

Page 2: Letter of Reference

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 ___ Teacher
 ___ Supervisor
 ___ other: Please indicate _____

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How well do you know applicant? _____

Do you ___ Highly Recommend
 ___ Recommend
 ___ Recommend with Reservations
 ___ Not Recommend

Signature: _____ Date: _____

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone Number: (____) _____

Please return this evaluation form to:

Alvin Community College
Polysomnography
3110 Mustang Road
Alvin, TX 77511-4898

Return this form

**ALVIN COMMUNITY COLLEGE
POLYSOMNOGRAPHY**

CONSENT FOR RELEASE OF INFORMATION

(Initial) My signature below indicates that I have read the policy on **Criminal Background Screening** for the polysomnography program. This form provides my consent for the results of criminal background checks to be released to the Alvin Community College program director. I certify that I do not have any criminal history that would disqualify me from a clinical rotation or prevent me from obtaining polysomnography licensure.

DRUG SCREEN

(Initial) My signature below certifies that I have read, understand and agree to accept the Alvin Community College Health Program's **Policy for Drug Screening**.

**TECHNICAL STANDARDS - ACKNOWLEDGEMENT
PHYSICAL REQUIREMENTS/WORKING CONDITIONS**

(Initial) I acknowledge receipt of the form **Technical Standards for Polysomnography** outlining the physical requirements of the training program and the duties of the Polysomnography Program at Alvin Community College.

By my signature below, I confirm my physical ability to fulfill the responsibilities of the program and any positions which I may be offered following graduation with or without reasonable accommodation.

Prospective Student's Name (Print): _____

Prospective Student's Signature: _____

Date: _____

Return this form

Alvin Community College

POLYSOMNOGRAPHY

Policy for Criminal Background Screening

The purpose of this policy is to:

1. Comply with clinical affiliates who may require a student background check as a condition of their contract
2. Promote and protect patient/client safety

Conduct of Criminal Background Check

Background checks will be conducted as a condition of full acceptance into Polysomnography program. The results will be accepted for the duration of the student's enrollment in the Polysomnography program if the participating student has not had a break in enrollment at the college and if the student has had no disqualifying allegations or convictions while enrolled. Alvin Community College will designate the agency selected to do the criminal background screening. Results of the background check will be sent directly to the program director at the college. The student will pay the cost of the background directly to the agency. The student will sign a form indicating knowledge of this policy and their belief that they do not have any criminal history that would disqualify them from clinical rotations.

Unsatisfactory Results

A student with a significant criminal background screen will be ineligible to enroll in the polysomnography program. All criminal background information will be kept in confidential files by the investigating agency. Only the program director will have access to these files. A student who is convicted of a criminal offense while enrolled in the program must report the offense to the program director within three days of the conviction.

Student Rights

Students sign a release form that gives the program director the right to receive their criminal background information from the agency. If the student believes his or her background information is incorrect, the student is responsible for providing the evidence of the inaccuracy of the information to the investigating agency. The student will not be able to enroll in the polysomnography program until the question is resolved. The inability to participate in a clinical experience could prevent a student from meeting course objectives and result in failure of the course.

Background Check Information for BRPT

Students, upon graduation, will be qualified to make application to the Board of Registered Polysomnographic Technologists (BRPT). The BRPT application includes background history check and may deny an application based on the commission of certain serious offences. Please visit www.brpt.org and check eligibility criteria.

**ALVIN COMMUNITY COLLEGE
HEALTH PROGRAMS
Effective Date 7/5/05**

Polysomnography

POLICY FOR DRUG SCREENING

PURPOSE

- Promote And Protect Patient/Client Safety
- Comply With Clinical Affiliates Drug Screen Requirements
- Detect Illegal Drug Use

DEFINITION

Non-Negative Drug Screen: A non-negative drug screen means a medically acceptable drug test, approved by Alvin Community College, the results of which indicates the use of illegal drugs.

Illegal Drugs: Illegal drugs include those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which **exceed the prescribed limits of a lawful prescription or the taking of a prescription drug prescribed for another person.**

DRUG SCREENING PROCEDURE

Drug screening is conducted on all student applicants prior to acceptance into the program and a non-negative drug screen will bar admission to the program for a minimum of 12 months. The results of the drug screen are generally accepted for the duration of the student's **uninterrupted** enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further drug screening at his/her own expense. Alvin Community College will be responsible for designating and approving the drug screening procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student and conducted at a time and place designated by the college. The student must pre-pay for the drug screen as directed by the Program. The student is required to complete a release directing the company/agency conducting the drug screen test to send the results directly to the Program Director.

The results reported by the company/agency conducting the drug screen is final unless the student with a non-negative drug screen, **within 10 days of learning of the non-negative drug screen**, requests review of the results from the company/agency who originally administered the drug screen. Once the company/agency reports their review finding, the results are final and not appealable.

POLICY

When the college determines that a student has a non-negative drug screen, the student is not allowed to attend any clinical agency/rotation for a minimum of twelve months and may affect his/her re-admission to the program. The student with the non-negative drug screen is required to withdraw from the clinical course and all concurrent health, nursing or allied health programs. Prior to returning to the program, the student must re-apply and be accepted to the program (including re-testing), have a negative drug screen, and provide satisfactory documentation to the college of successful drug counseling and treatment, all at the expense of the student. When a student with a non-negative drug screen is accepted back into the program he/she will be subjected to unannounced random drug screening at their expense.

**Alvin Community College
Technical Standards for Polysomnography Program**

General Job Description

Qualified applicants are expected to meet all admission criteria as well as essential functions. **Students requesting reasonable accommodations to meet these criteria must inform the Program Chair in writing of the need for accommodations at the time of admission. The student is expected to contact the ADA counselor in the new ESC (Enrollment Services Center) to file the appropriate forms documenting the need for accommodations.**

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	EXAMPLES
GROSS MOTOR SKILLS	<ul style="list-style-type: none"> • Move within confined spaces • Sit and maintain balance • Stand and maintain balance • Reach above shoulders • Reach below waist 	Stand to perform patient preparation for PSG exam. Raise/ lower arms and bend at waist or knees while applying electrodes and sensors.
FINE MOTOR SKILLS	<ul style="list-style-type: none"> • Pick up objects with hands • Grasp small objects with hands • Write with pen or pencil • Key/type • Pinch/pick or otherwise work with fingers • Twist • Squeeze with finger 	Grasp electrodes and sensors with hands during patient preparation. Type patient information into PSG software with keyboard. Document on paper tech notes. Change settings computer software with computer mouse. Troubleshoot equipment by turning knobs and changing wires then observing improvements.
PHYSICAL ENDURANCE	<ul style="list-style-type: none"> • Sustain repetitive movements • Maintain physical tolerance for 8 or 12 hour periods • Ability to perform activities day, afternoon, evening and night. 	Sitting in chair for long periods. Repetitive key strokes on keyboard while staging and scoring a PSG exam. Sit or stand for 12 hours shifts. Stand and perform repetitive procedure(s) on patients such as CPR.
PHYSICAL STRENGTH	<ul style="list-style-type: none"> • Push and pull 25 pounds • Support 25 pounds • Lift 25 pounds • Carry equipment/supplies • Use upper body strength • Squeeze with hands 	Assist patient from bed to chair. Hoist patient up in bed. Move patient from stretcher to bed and back.
MOBILITY	<ul style="list-style-type: none"> • Twist • Bend • Stoop/squat • Move quickly • Climb • Walk 	Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head. Make rapid adjustments if needed to ensure patient safety. Respond to patient quickly.

HEARING	<ul style="list-style-type: none"> • Hear normal speaking level sounds • Hear faint voices • Hear in situation when not able to see lips • Hear auditory alarms 	Hear audible alarms. Hear patient over intercoms. Hear patients in dark rooms.
VISUAL	<ul style="list-style-type: none"> • See objects up to 20 inches away • See objects up to 20 feet away • Use depth perception • Use peripheral vision • Distinguish color • Distinguish color intensity • See objects and read in low lighted areas 	Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes in dimly lighted patient and control rooms. Confirm settings visually such as with ventilator display.
TACTILE	<ul style="list-style-type: none"> • Feel vibrations • Detect temperature • Feel differences in surface characteristics • Feel differences in sizes, shapes • Detect environmental temperature 	Assess patient by feeling for patient pulse and O2 Saturation using pulse oximetry.
SMELL	<ul style="list-style-type: none"> • Detect odors from patients • Detect smoke • Detect gases or noxious smells 	Assess for noxious odors originating from the patient or environment (example gas leak or smoke).
READING	<ul style="list-style-type: none"> • Read and understand written documents 	Read and interpret physician orders, physician, therapist and nurses notes. Read from a computer monitor screen. Gather data reasonably accurate, and in a reasonable amount of time to ensure safe and effective patient care relative to other care givers.
MATH COMPETENCE	<ul style="list-style-type: none"> • Read and understand columns of writing • Read digital displays • Read graphic printouts • Calibrate equipment • Convert numbers to and/or from the Metric System • Read graphs • Tell time • Measure time • Count rates • Use measuring tools • Read measurement marks • Add, subtract, multiply, and/or divide whole numbers • Compute fractions • Use a calculator • Write numbers in records 	Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate head measurements using 10-20 system. Convert time given in minutes into hours and minutes. Calculate sleep efficiency, sleep onset, and all calculations needed in the final PSG report.

EMOTIONAL STABILITY	<ul style="list-style-type: none"> • Establish appropriate emotional boundaries • Provide emotional support to others • Adapt to changing environment/stress • Deal with the unexpected • Focus attention on task • Monitor own emotions • Perform multiple responsibilities concurrently • Handle strong emotions 	Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently. Maintain enough composure to provide for safe and effective patient care despite crisis circumstances.
ANALYTICAL THINKING	<ul style="list-style-type: none"> • Transfer knowledge from one situation to another • Process information • Evaluate outcomes • Problem solve • Prioritize tasks • Use long-term memory • Use short-term memory 	Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nursing when necessary.
CRITICAL THINKING	<ul style="list-style-type: none"> • Identify cause-effect relationships • Plan/control activities for others • Synthesize knowledge and skills • Sequence information 	Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action plan.
INTERPERSONAL SKILLS	<ul style="list-style-type: none"> • Negotiate interpersonal conflict • Respect differences in patients, fellow students, and members of the healthcare team. • Establish rapport with patients, fellow students, and members of the healthcare team. 	Communicate effectively with disagreeable patients, family doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient.
COMMUNICATION SKILLS	<ul style="list-style-type: none"> • Teach • Explain procedures • Give oral reports • Interact with others • Speak on the telephone • Influence people • Convey information through writing 	Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.

To enter Polysomnography Program at Alvin Community College the following immunizations/tests are required.
(Required by State Law/Clinical Facilities)

PRIOR TO APPLICATION:

Hepatitis B Vaccine: Proof of completion of the hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B is required as a condition of full acceptance to the program.

This is a series of 3 shots and can take up to 6 months to complete. We must see documentation of at least the **first two** immunizations at time of application. Documentation of the third vaccination must be provided at orientation.

AFTER ACCEPTANCE:

Tuberculin Test (PPD): REQUIRED ANNUALLY

Should be done close to the time you begin the program to last throughout the academic year

Chest x-ray required if PPD is positive (include signed copy of chest x-ray results).

Varicella (Chicken pox):

Vaccination with two doses of Varicella vaccine administered 4-8 weeks apart.

OR

Serologic test positive for Varicella antibody. (Attach laboratory proof of varicella immunity)

MMR (measles mumps and rubella)

Vaccination with two doses of MMR vaccine administered at least 28 days apart

OR

Serologic test positive for MMR antibodies. (Attach laboratory proof of MMR immunity)

TDaP (Tetanus, Diphtheria, Pertussis):

Immunization for TDaP administered on or after 18th birthday. (Vaccination **MUST** include Pertussis)

Seasonal Flu: REQUIRED ANNUALLY

A seasonal flu vaccine is required prior to October 1st for continued clinical participation.

**ALVIN COMMUNITY COLLEGE
POLYSOMNOGRAPHY PROGRAM**

OBSERVATION FORM

Student Name: _____

Date: _____

Dear Prospective Student:

Please use this form to schedule and document your observation. An observation is required for admittance to the Polysomnography Program. Please email the program director to schedule a time. Georgette Goodwill ggoodwill@alvincollege.edu. You will visit our PSGT Department and observe our students perform a Polysomnography. You may be asked to participate as a volunteer patient.

Student visited on: _____

Instructor's name: _____

Return this form

CHECK OFF LIST FOR PSGT PROGRAM ADMISSION

Thank you.

Check each item returned with application	
	Return all green forms or forms labeled Return this form by <u>October 1</u>
	1. Completed Application
	2. Completed Personal Statement Form
	3. 2 Letters of Reference
	4. Completed Observation Form
	5. Completed Consent for Release of Information
	6. Signed Check off list for PSGT Program admission
	Provide Alvin Community College
	1. Official College Transcripts
	Pre-requisites
	1. English 1301
	2. Biol 2401: Anatomy & Physiology I
	3. Biol 2402: Anatomy & Physiology II
	4. HESI A2
	<p>Immunization and Vaccine Records</p> <p>Hepatitis B Vaccine: Proof of completion of the hepatitis B vaccination series or serologic confirmation of immunity to hepatitis B is required as a condition of full acceptance to the program.</p> <p>This is a series of 3 shots and can take up to 6 months to complete. We must see documentation of at least the first two immunizations at time of application. Documentation of the third vaccination must be provided at orientation.</p>