

INTERNATIONAL SLEEP MEDICINE CERTIFICATION INDIVIDUAL APPLICATION

# SECTION I – Examination Information Please attach a passport size photo

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

Location of exam:

Sleep Society:

# 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

 **NOTE:** NO patient information should be included in the application: (i.e., lists of patient PSGs with their names, etc.)

**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 VII – Postgraduate Sleep Medicine Practice**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Rank / Title / Position | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION VIII – Previous Sleep Medicine board Examinations**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of certification exam | Location of exam | Date of exam | outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION IX – 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.)

 OR

* 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.)

 OR

* 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.

**Examination Fees –**

**☐ 7500 Rs by Online Bank Transfers (IMPS,NEFT) .Details as below**

**Company Name  :  South East Asian Regional Academy of Sleep Medicine**

**Account No   :  010588700000116**

**IFSC CODE   :  YESB0000105**

**Branch Address  :  Ground Floor, SCO 25, Vidhi Plaza, Sec 14, Huda Market, Gurgaon 122001**

**☐ Per exam Fee $200 USD per exam to be paid by credit card to World Sleep Society after approval of your application to get for Log in id and pass word to appear r the on line examination.**

**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 by email to:** **info@seaasm.org** **OR by postal mail**

**Address:**

**South East Asian Regional Academy of Sleep Medicine**

**F22, First Floor, The Address Mall, Golf Course Road (Next To Double Tree Hilton Hotel),
Sec- 56 , Gurgaon INDIA 122011
Phone No.:+91-9871 613 322, 0124 4255211**