

PAP TITRATION COMPETENCY DOCUMENTATION FORM

Purpose: This declaration of competency may be used in place of the PAP titration course for all individuals currently practicing in polysomnography provided that they meet the BRPT eligibility requirements on or before January 1, 2006.

This certifies that _____ has complied with all APT standards and has completed BRPT eligibility requirements which include training in the application of PAP titration under the general supervision of a medical doctor and under the direct supervision of a RPSGT.

Furthermore _____ has complied with all other requirements of the Declaratory Ruling on Polysomnography approved by the North Carolina Respiratory Care Board dated October 6, 2005.

The individual named is deemed competent to perform PAP titration at this facility in the capacity of a Polysomnographic Technician.

Medical Director
Signature _____ Date _____

Supervisor
Signature _____ Date _____

Facility _____

I, _____ hereby attest that all of the above is true. I further understand that I must adhere to all parts of the current NCRCB declaratory ruling. In addition, I understand that I must complete the RPSGT exam on or before January 1, 2008. Failure to complete all of the requirements within this time frame will void my exemption status.

Employee Signature _____ **Date** _____

Notice: *This form must be kept in the employee's file and be available for inspection by all regulatory bodies and accreditation agencies.*