

North Carolina Respiratory Care Board

POLYSOMNOGRAPHY SUMMARY DOCUMENTATION

EMPLOYEE NAME: _____	Date Achieved	Supervisor Signature
HIRE DATE: _____		
EMPLOYMENT STATUS		
Student (Program: _____)		
Trainee (up to 12 months)		
Technician (up to 24 months)		
Technologist (RPSGT)		
CREDENTIALING STATUS		
Meets Trainee Qualifications		
Polysomnography Program (Diploma or Certificate)		
RCP		
RPSGT		
SKILL EVALUATIONS		
Sleep Related Testing		
Application and titration of continuous positive airway pressure (CPAP) and Bi-Level therapy		
Application and titration of supplemental low-flow oxygen		
Application and monitoring of capnometry (if applicable)		
Application and monitoring of pulse oximetry		
Patient education		
PAP TITRATION COURSE		
Certificate of completion of the PAP titration Course		
CPR CERTIFICATION		
BCLS card with: Adult, Child, Infant, Heimlich Maneuver and Automatic External Defibrillator (AED) <i>Note: Must maintain certification</i>		

Please Note: The facility may utilize its own form but it must contain the above information.

Original Draft: 12/8/2005