

Polysomnography Certification/Attestation Form

I hereby attest _____ has completed at least fifty (50) sleep studies in one (1) or more facilities that are provisionally or fully accredited by the American Academy of Sleep Medicine (AASM).

(Print Name)

(Signature)

(Print Title)

(Date)

Note: Must be signed by supervising polysomnographic technologist/physician.

Please submit to:

District of Columbia Health Regulation & Licensing Administration (HRLA)
Attn.: Board of Medicine
899 North Capitol Street, NE, 1st Floor
Washington, DC 20002
E: dcbomed@dc.gov