



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
State Board of Polysomnography  
124 Halsey Street, 7th Floor, P.O. Box 45051  
Newark, New Jersey 07101  
(973) 273-8093

**Sleep Studies for Technician (Renewal)**

I attest that \_\_\_\_\_ has completed \_\_\_\_\_  
(Name of applicant) (Number of studies)

sleep studies as a licensed polysomnographic technician over the last \_\_\_\_\_ months beginning  
(Number of months)

\_\_\_\_\_ ending \_\_\_\_\_ at \_\_\_\_\_,  
(Month, Day, Year) (Month, Day, Year) (Name of facility)

\_\_\_\_\_, \_\_\_\_\_,  
(Address, City, ZIP Code) (Telephone number)

which is provisionally or fully accredited by the American Academy of Sleep Medicine (A.A.S.M.).

\_\_\_\_\_  
Print name of licensed polysomnography technologist  
or qualified medical director

\_\_\_\_\_  
Signature of licensed polysomnography technologist  
or qualified medical director

\_\_\_\_\_  
Date (Month, Day, Year)

\_\_\_\_\_  
License number of licensed polysomnography technologist  
or qualified medical director

\_\_\_\_\_  
Date of license expiration (Month, Day, Year)

**Please note:**

**N.J.A.C. 13:44L-1.2** defines a “qualified medical director” as a licensed physician who is either eligible for board certification or is board certified in sleep medicine by the American Board of Sleep Medicine, or a certification board recognized by the American Board of Medical Specialties which bases its certification in sleep medicine upon the sleep medicine examination created by the American Board of Internal Medicine, and who acts as the medical director of any:

1. In-patient or out-patient sleep center or laboratory provisionally accredited or fully accredited by the A.A.S.M. or accredited by a Joint Commission;
2. Ambulatory care facility or general acute care hospital licensed by the Department of Health and Senior Services;
3. Home health agencies, assisted living residences, comprehensive personal care homes, assisted living programs and alternate family care sponsor agencies licensed by the Department of Health and Senior Services; or
4. Health care service firms registered with the Division of Consumer Affairs.

**N.J.A.C 13:44L-3.3 (c).4** Documentary proof signed by a supervising polysomnographic technologist or qualified medical director indicating that, within the last year, the applicant has completed at least **100 sleep studies** in a facility that is provisionally or fully accredited by A.A.S.M. If you have completed these sleep studies in more than one facility, submit one form for each facility.