



SOUTHERN UNIVERSITY AT SHREVEPORT
POLYSOMNOGRAPHY TECHNOLOGY

Application Packet

Rv. 10/2021

We are **FOR** YOU!

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Program Mission Statement

Our Mission is to develop healthcare professionals that are FOR others! We aim to provide our students the didactic and clinical education that will prepare them to help our communities constituents obtain truly restful and restorative sleep. We will do this by providing dedicated industry leading quality education, the advancement of best practices, the development of technical competencies, critical-thinking, problem-solving, and interpersonal skills in a fostering learning environment.

Program Vision Statement

Our Vision is to be a program that is FOR Others!..... by providing quality education to our students, serving our community with a pure heart and mind, and through the furthering development of the Sleep Technologist profession.

General Information

We are excited that you are considering joining the Polysomnography Technology Program at Southern University at Shreveport. Please take the time to look over this application packet and complete each task to ensure that your application is complete prior to submitting it. We have included a checklist within this application to help you go through the process with confidence. Be sure to not wait until the last minute to submit your application. Just in case there is something that comes up during the review process that needs to be addressed. We don't want anything hindering your acceptance into this program. The application submission time frame for the Polysomnography Technology Program is August 1st- November 1st 2021.

Application Deadline: November 1st, 2021

Should you have any questions, please reach out to our Program Director Mr. Colton Wiggins at Colton.Wiggins@susla.edu or 318-670-9620 and he will assist you.

Other Important Information:

1. Each student is responsible for their own transportation which includes access to a dependable vehicle, a valid driver's license, and proof of insurance as requested by law.
2. Travel to clinical facilities for required clinical experiences is the responsibility of the student.
3. Clinical hours may be scheduled on day, evening or weekend shifts with varying hours that may vary from four (4) to twelve (12) hours depending on the clinical requirements.
4. Students must have access to the internet, a computer with a webcam, email and working telephone number.

Progression Policy

1. The Polysomnography students will abide by the admission and curriculum requirements of the Polysomnography Department and SUSLA.
2. Once a student has enrolled in the Polysomnography Program, all Polysomnography (PSGT) courses must be completed in the proper sequence as shown in the catalog and degree plan.
3. All PSGT courses must be completed with a "C" or better. A grade less than a "C" is unacceptable.
4. Only two (2) attempts to pass a PSGT course will be permitted. An attempt is defined as a course in which a grade of "D" or "F" is recorded on the transcript.

HESI ADMISSION ASSESSMENT EXAM

Students who are applying to any of the following Allied Health programs are required to take a pre-admission exam:

Health Information Technology, Medical Laboratory Technician, Polysomnography Technology, Radiologic Technology, Respiratory Therapy, and Surgical Technology

Cost of Exam: \$60.00

ALL TEST FEES ARE NONREFUNDABLE

Students may pay \$50.00 fee (credit card) by calling the SUSLA Cashier's Window @ 318-670-6000 - Option 4 (Direct line 318-670-9305) or pay (cash, money order, or credit card) at Cashier's Window located on main campus on Martin L. King, Jr. Drive.

1. After payment, email a copy of your paid SUSLA receipt to Mrs. LaShonda Wiggins
2. Contact Mrs. Lashonda Wiggins at to schedule exam
 - a Email: lwiggins@susla.edu
 - b Office: 318-670-9627
 - c Location: Metro Center, Room 105
3. A copy of paid receipt must be submitted prior to entering testing center.
4. Arrive at least 15-20 minutes early to gain admission to the Testing Center Metro Center, Computer Lab, Rm 102-B located at 610 Texas Street.

Dates & Times: (4 hours allotted)

LIMITED SEATING AVAILABLE

****Please contact Mrs. Lashonda Wiggins at 318-670-9305 to schedule your exam. We will do everything we can do in order to see you pursue your educational dream! We are FOR YOU!**

UNIVERSITY ADMISSION INFORMATION

Admissions Office

The Office of Admissions strives to provide exceptional student service and administrative assistance during the application process while adhering to all University policies and procedures.

Southern University at Shreveport offers courses on a two-semester plan - fall and spring, with special sessions offered during the summer. A completed application and all required admission forms and records must be received in the Office of Admissions before the set deadlines in order for the applicant to be notified regarding eligibility for admission.

[Click here for Admission Requirements](#)

Application priority deadlines

The Office of Admissions processes admission applications between 7 to 10 business days after receipt of all required admission documents. To meet this goal, the following admission application deadlines are in place to ensure priority processing:

Fall Semester – July 1st

Summer Session – April 1st

Spring Semester – November 1st

Office of Admissions

Southern University at Shreveport
3050 Martin Luther King, Jr. Drive
Shreveport LA 71107
Phone: 318.670.9426
Fax: 318.670.6483
Email: admissions@susla.edu

Office Hours

Monday – Thursday - 8:00 AM – 6:00 PM (Central Time)
Friday – 8:00 AM – 12:00 PM (Central Time)

Admission Requirements

The following items are required to be considered for admission to the university:

Application Fee:

A non-refundable application fee of \$20.00 (\$30.00 fee for international students.) The application fee can be paid online when submitting your application, or it can be mailed in the form of a cashier's check. All students are required to pay the appropriate application fee regardless if the student ultimately enrolls or not.

High School Transcript or GED Results (New First-time Freshmen Only):

- If you have graduated from high school or was home-schooled, you must submit final official high school transcript showing evidence of obtaining a high school diploma.
- If you obtained a General Educational Development (GED), you must submit an official report of test scores.
- If you have not graduated from high school, we will accept a 6th, 7th, or 8th semester transcript until the final transcript can be submitted.
- Note: We will accept a faxed copy of your high school transcript or GED results for provisional acceptance, pending receipt of official documents. Fax to 318-670-6483.

Louisiana Department of Education
Post Office Box 94064
Baton Rouge, LA 70804-9064
877-453-2721 (phone)
225-219-4439 (fax)

Official College Transcript (Transfer Students):

Transfer students are not required to submit an official transcript for admission to SUSLA, unless the student requests that credits earned while attending another regionally-accredited institution be applied towards a certificate or degree at SUSLA.

*Transcript may be requested by the Financial Aid Office for verification of attempted hours to determine satisfactory academic progress (SAP).

Test scores:

All new first-time freshmen under 25 years of age who are degree-seeking are required to submit ACT, SAT, Compass, or Accuplacer scores.

- Applicants who have not taken the either test must take the AccuPlacer on one of the established test dates set by the SUSLA Testing Center. Contact the SUSLA Testing Center at 318-670-9450 for testing dates.
- We will accept test scores via fax. Fax to 318-670-6483.

Proof of Immunization:

- Each student entering the university shall provide satisfactory evidence of immunity to or immunization against vaccine-preventable diseases to include but not be limited to measles, mumps, rubella, tetanus/diphtheria, and meningitis. This policy applies to all students entering the institution for the first time and all students returning after an absence of one semester or more. Under circumstances where the immunization records cannot be readily obtained, or for personal reasons, the student may sign an immunization waiver during the application process. *In the event of an outbreak of a vaccine-preventable disease, students without immunization records will be excluded from the premises until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization.*

A student is not officially enrolled until all steps prescribed by the institution are completed. Registration procedures are made available to students at the beginning of each registration period and are published in the semester class bulletin. If a student fails to complete registration within a designated period, a late fee may be charged. No credit is allowed for courses taken in which the student is not officially enrolled. A student is not officially enrolled until all fees have been paid.

Application types

Records submitted become the property of the University and will not be returned. Falsification of any information when applying for admission may result in the denial of admission or dismissal from the University.

Provisional admission of thirty days may be granted pending receipt of required data. The registration of any student whose admission records are still incomplete fourteen (14) days after the first day of classes may be automatically canceled with no refund of fees.

Admissions Forms

[Office of Admissions Secure Document Upload](#)

Future Students, you will need to Create a New Account to enter the Secure Document Upload. Please click the link below to create your New Account. You will also use the same link to login the Secure Document Upload.

[Future Students Secure Document Upload](#)

Additional Forms

[Change of Term](#)

[Transfer Credit Articulation Request Form](#)

[Immunization Form](#)

[Louisiana Residency Request](#)

4 Easy Steps to Enrollment at SUSLA



Apply for Financial Aid

- Two Simple Steps to Receive Financial Aid:
- a) Complete the Free Application for Federal Student Aid (FAFSA) [here](#).
- **SUSLA's School Code is 00768600**
- b) Click [here](#) to complete your remaining requirements or view your award information.
- **Steps to Accepting Your Financial Aid.**
- Click [here](#) to view more information about Financial Aid
- **Once you have been admitted, you may check your Banner account to view your financial aid status.**

Apply Online

- Apply [Here](#)
- Review online [Admissions Application Types](#)
- For more information about how to apply, please contact the Office of Admissions at 318-670-9426 or email admissions@susla.edu

Pay for Classes

- Pay [Now](#)

Academic Calendar

- View [Here](#)

Appendix

PSGT Program Application Checklist

Polysomnography Technology Program Technical Standards and General Job Description

Program Admission Application (General Information Form)

Letter of Reference Template (Two)

Criminal Background Check & Drug Screening Form

**Please fill out the remaining forms and
email them to:**

polysomnographictechnology@live.susla.edu

Polysomnography Technology Program

Application Checklist

Getting Started

- 1.** Enroll into the University.
 - Go to the Admission Requirements section under the “Future Student” tab to see what you need to have completed.
 - You can also click the “4 Easy Steps to Enrollment” under the Admission and Financial Aid tab or under the JOIN TODAY tab on the Polysomnography Technology program Webpage for a step by step process towards admission.
 - If you have any questions or concerns, reach out to the admissions office:

Office of Admissions

Southern University at Shreveport

3050 Martin Luther King, Jr. Drive

Shreveport LA 71107

Phone: 318.670.9426

Fax: 318.670.6483

Email: admissions@susla.edu

- 2.** All Pre-requisites are to be completed prior to the Spring Semester.
 - a.** Pre-Requisites: SENL 101s, SBIO 221s, BIOL MS, ALLH MOS & Math 133 or Higher (**Check Degree Plan for a layout of all courses**)
 - b.** A minimum grade of “C” is required in all Pre-requisites.
 - c.** Must have been taken in the last “7” Years. (“p” grade will not be accepted)

If you have taken courses outside of this time period, you may still submit them for review by the program director and dean of the allied health division. It is not guaranteed that the credits will be accepted. Which would mean the student would have to retake any course that did not get approved, prior to being considered into the program.

- 3.** Have a Cumulative GPA of “C” (2.0) or better is required.
- 4.** Can not be on Suspension or Academic Probation.

POLYSOMNOGRAPHY TECHNOLOGY PROGRAM

Application Checklist

Admission to the polysomnography technology program is competitive according to weighted criteria. Meeting pre-admission requirements does not guarantee admission.

Applying to the Program

- 1. Complete the Application packet for the Polysomnography Technology Program.
- 2. Pay Application Fee (\$40.00) at the Cashier window (**Cash or Money order-No Checks**).

Address: Southern University at Shreveport, 3050 MLK Dr., Shreveport, LA-71107

Make Money order Payable to Southern University at Shreveport-Polysomnography Program

- 3. Schedule and Take the HESI Exam (Cost: \$60.00)
**** Students have until Mid-Term of the 1st Spring Semester of the program to take Exam. ****
- 4. Have a completed degree plan (Must be Signed by the Program Director and Dean of Allied Health)
- 5. Submit an official copy of your transcript from each university attended.
If you have already obtained a degree or earned college credits at another university, you will be required to submit a Transfer Credit Articulation Request Form to the Admission office.
- 6. Submit a copy of your High
- 7. Turn In you sign & witnessed Program Performance Standards.
- 8. Turn in your signed and witnessed criminal background check & drug screening information form.

Clinical eligibility is in part dependent upon a criminal background check and random urine drug testing. Cost of testing is the responsibility of the student.

- 9. Turn in your Signed & witnessed HESI exam score
- 10. Turn in your two letters of reference.
- 11. Schedule an interview appointment with the Program Director
- 12. Read over the technical standards to perform procedures safely with accuracy and precisions as listed in the application packet.

After Acceptance into the Program

- 1. Applicants must have the following items completed:
 - a. Physical Examination
 - b. Meet immunization requirements (See “Immunization Requirements” Table Below)
 - c. Pass a background check
 - d. Clear the drug screening
 - e. Provide Proof of medical Insurance

You MUST attend the Program Orientation. Date & Time will be sent out with your acceptance letter

****Most likely sent via E-Mail****

Immunization requirements

- 1. Tuberculosis Test-Negative PPD with the last six months or negative chest x-ray less than one year old
- 2. Proof of Vaccination or Immunity for MMR and Varicella. (Or a Positive titer)
- 3. Current FLU Vaccination
- 4. Hepatitis “B” Vaccination or declination form
- 5. Tetanus Shot (Less than ten years)
- 6. Proof of COVID Vaccine or exemption form (If Applicable):
 - a. The student must be aware that some clinical sites may refuse to accept the student on the basis of the health of their faculty, staff and patients as in accordance with their standing policy on the matter should they not be vaccinated. We will try everything we can to get clinical sites that will work with the student population that are not able to be or choose not to be vaccinated but cannot guarantee that you will be able to meet your clinical hour time requirement.

ATTENTION:

Some clinical affiliates may require students to provide proof of other immunizations outside of the program’s requirement. As with all immunizations, it is the student’s responsibility to

POLYSOMNOGRAPHY TECHNOLOGY PROGRAM

Application Checklist

get the necessary immunizations and/or proof of exemption and turn it into the program so that we can ensure that we are adhering to the clinical affiliates policies that they have in place for their faculty, staff & patients.

**** RPSGT Credential Holders, please see the RPSGT Credential Holder Pathway Brochure for information specific to how you can join the program. ****

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FOR YOU!

Polysomnography Technology Program

Technical Standards/General Job Description

Qualified applicants are expected to meet all admission criteria as well as essential functions. Students requesting reasonable accommodations to meet these criteria must inform the Program Chair in writing of the need for accommodations at the time of admission.

FUNCTIONAL ABILITY CATEGORY	REPRESENTATIVE ACTIVITY/ATTRIBUTE	EXAMPLES
GROSS MOTOR SKILLS	<ul style="list-style-type: none"> • Move within confined spaces Sit and maintain balance • Stand and maintain balance • Reach above shoulders • Reach below waist 	Stand to perform patient preparation for PSG exam. Raise/ lower arms and bend at waist or knees while applying electrodes and sensors.
FINE MOTOR SKILLS	<ul style="list-style-type: none"> • Pick up objects with hands • Grasp small objects with hands • Write with pen or pencil • Key/type • Pinch/pick or otherwise work with fingers Twist • Squeeze with finger 	Grasp electrodes and sensors with hands during patient preparation. Type patient information into PSG software with keyboard. Document on paper tech notes. Change settings computer software with computer mouse. Troubleshoot equipment by turning knobs and changing wires then observing improvements.
PHYSICAL ENDURANCE	<ul style="list-style-type: none"> • Sustain repetitive movements Maintain physical tolerance for 8- or 12-hour periods • Ability to perform activities day, afternoon, evening and night. 	Sitting in chair for long periods. Repetitive key strokes on keyboard while staging and scoring a PSG exam. Sit or stand for 12 hours shifts. Stand and perform repetitive procedure(s) on patients such as CPR.
PHYSICAL STRENGTH	<ul style="list-style-type: none"> • Push and pull 25 pounds • Support 25 pounds • Lift 25 pounds • Carry equipment/supplies • Use upper body strength • Squeeze with hands 	Assist patient from bed to chair. Hoist patient up in bed. Move patient from stretcher to bed and back.
MOBILITY	<ul style="list-style-type: none"> • Twist Bend • Stoop/squat • Move quickly • Climb • Walk 	Bend to change equipment settings on floor, at knee level, waist level, chest level, eye level, above head. Make rapid adjustments if needed to ensure patient safety. Respond to patient quickly.
HEARING	<ul style="list-style-type: none"> • Hear normal speaking level sounds • Hear faint voices • Hear in situation when not able to see lips. Hear auditory alarms 	Hear audible alarms. Hear patient over intercoms. Hear patients in dark rooms.

VISUAL	<ul style="list-style-type: none"> • See objects up to 20 inches away See objects up to 20 feet away • Use depth perception Use peripheral vision • Distinguish color • Distinguish color intensity • See objects and read in low lighted areas 	Read patient chart to determine correct therapy. Visually assess patient color to assess for hypoxia. Read settings on monitors and other equipment. Visually assess for changes in dimly lighted patient and control rooms. Confirm settings visually such as with ventilator display.
TACTILE	<ul style="list-style-type: none"> • Feel vibrations • Detect temperature • Feel differences in surface characteristics • Feel differences in sizes, shapes • Detect environmental temperature 	Assess patient by feeling for patient pulse and O ₂ Saturation using pulse oximetry.
SMELL	<ul style="list-style-type: none"> • Detect odors from patients • Detect smoke • Detect gases or noxious smells 	Assess for noxious odors originating from the patient or environment (example gas leak or smoke).
READING	<ul style="list-style-type: none"> • Read and understand written documents 	Read and interpret physician orders, physician, therapist and nurses notes. Read from a computer monitor screen. Gather data reasonably accurate, and in a reasonable amount of time to ensure safe and effective patient care relative to other care givers.
MATH COMPETENCE	<p>Read and understand columns of writing Read digital displays Read graphic printouts</p> <ul style="list-style-type: none"> • Calibrate equipment Convert numbers to and/or from the Metric System Read graphs Tell time Measure time Count rates Use measuring tools Read measurement marks Add, subtract, multiply, and/or divide whole numbers Compute fractions Use a calculator Write numbers in records 	Read and interpret patient graphics charts and graphic displays. Perform basic arithmetic functions in order to calculate head measurements using 10-20 system. Convert time given in minutes into hours and minutes. Calculate sleep efficiency, sleep onset, and all calculations needed in the final PSG report.

EMOTIONAL STABILITY	<ul style="list-style-type: none"> • Establish appropriate emotional boundaries • Provide emotional support to others • Adapt to changing environment/stress Deal with the unexpected Focus attention on task • Monitor own emotions • Perform multiple responsibilities concurrently • Handle strong emotions 	Provide for safe patient care despite a rapidly changing and intensely emotional environment. Perform multiple tasks concurrently. Maintain enough composure to provide for safe and effective patient care despite crisis circumstances.
ANALYTICAL THINKING	<ul style="list-style-type: none"> • Transfer knowledge from one situation to another • Process information • Evaluate outcomes • Problem solves • Prioritize tasks • Use long-term memory Use short-term memory 	Evaluate different sources of diagnostic information to help arrive at a patient diagnosis. Evaluate priorities in order to provide for the most appropriate care. Appropriately evaluate data in order to notify physician and nursing when necessary.
CRITICAL THINKING	<ul style="list-style-type: none"> • Identify cause-effect relationships • [Plan/control] activities for others • Synthesize knowledge and skills • Sequence information 	Evaluate different sources of diagnostic information to help arrive at a patient diagnosis and treatment. Evaluate data in order to formulate an appropriate action
INTERPERSONAL SKILLS	<ul style="list-style-type: none"> • Negotiate interpersonal conflict Respect differences in patients, fellow students, and members of the healthcare team. • Establish rapport with patients, fellow students, and members of the healthcare team. 	Communicate effectively with disagreeable patients, family doctors, and nurses and other staff in order to attempt to meet therapeutic goals for the patient.
COMMUNICATION SKILLS	<ul style="list-style-type: none"> • Explain procedures • Teach • Give oral reports • Interact with others • Speak on the telephone • Influence people • Convey information through writing 	Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.

Southern University at Shreveport
 Polysomnography Technology Program
Application for Program Admission
 (Please print in ink or type)

Last: First: _____ First Name: _____ Middle Name: _____

Mailing Address

 (Street, PO Box, rural route, etc.) City State Zip

 (Street, PO Box, rural route, etc.) City State Zip

Contact Information: Cell Phone: _____ Home/Work Phone: _____

Email Address

U.S. Citizen: Yes No International Student

If yes, name of institution, city & state

Applied/Admitted to any other Polysomnography program? Yes_____No_____

When

Where

Prior Education:

High School graduation date _____ High School GPA _____ GED _____

Last college attended _____

From: _____ to _____ Phone: _____

Please give any additional details.

Have you ever been convicted of a felony, or plead guilty to, or plead no contest to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense, child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse/or battery of a vulnerable adult?

Yes _____ No _____

If yes, please explain

Have you ever been disciplined by any state or federal regulatory agency or national certifying agency? _____ Yes _____ No (If yes, Please Explain)

All applicants should be advised of the following: Any statement made on this application which is false and known to be false by the applicant at the time of making such statement, shall be deemed fraudulent and subject the application to disciplinary proceedings.

I certify that the information on this application is true and accurate. I also attest that I have read can meet and am able to perform the Technical Standards outlined in the General Job Description.

Applicant's Signature Date

LETTER OF REFERENCE

Applicant:

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Polysomnography Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

3. More than satisfactory
 2. Satisfactory
 1. Unsatisfactory
- NO Not observed, or no basis for judgment

ABILITIES/SKILLS					
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to world coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supervisors
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Return this form

Letter of Reference (Continued)

Additional information — Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Relationship to applicant:

- Adviser
- Teacher
- Supervisor
- Other

▪ Please indicate: _____

How long have you known the applicant?

How well do you know applicant?

How much do you recommend this applicant?

- Highly Recommend
- Recommend
- Recommend with Reservations
- Not Recommend

Name (Please Print): _____ Address: _____

Signature: _____ Telephone Number: (____)-____-_____

Date: _____ Email: _____

Please return this evaluation form to:
 Southern University at Shreveport
 Polysomnography Technology Program
 610 Texas Street, Suite 201
 Shreveport, LA 71101

Return this form

LETTER OF REFERENCE

Applicant:

Following is a list characteristic which we feel are required for a student to successfully complete a training program in the Polysomnography Program. We would appreciate your cooperation in completing this form, and returning it to the College at your earliest convenience.

3. More than satisfactory
2. Satisfactory
1. Unsatisfactory
- NO Not observed, or no basis for judgment

ABILITIES/SKILLS					
Responsibility					Accountable for one's actions
Leadership					Has the capacity to direct the activities of others
Initiative					Motivated to pursue actions independently
Flexibility					Capable of responding or conforming to changing or new situation
Organization					Arranges by systematic planning for optimal efficiency
Self-confidence					Assured in one's abilities & skills
Independent Work					Completes tasks with minimal supervision
Communication-Verbal					Contributes knowledge & opinions in an articulate manner
Written					Expresses self clearly in writing
Stress Response					Maintains composure/able to function
Attitude					Positive approach to world coworkers
Manual Dexterity					Ability to perform psychomotor skill
Group Interaction Peers/coworkers					Ability to get along with peers and coworker
Teacher/Supervisor					Ability to get along/teachers/supervisors
Maturity					Demos common sense, tact, empathy to patient
Knowledge/Application					Ability to apply theory to practice
Decision Making					Ability to analyze problem/formulate solution
Dependability					Follows through on assignments

Return this form

Letter of Reference (Continued)

Additional information — Use to amplify or add to characteristics rated previously. Please indicate applicant's strengths and those qualities that require further development.

Strengths _____

Qualities that require further development. _____

Relationship to applicant:

- Adviser
- Teacher
- Supervisor
- Other

▪ Please indicate: _____

How long have you known the applicant?

How well do you know applicant?

How much do you recommend this applicant?

- Highly Recommend
- Recommend
- Recommend with Reservations
- Not Recommend

Name (Please Print): _____ Address: _____

Signature: _____ Telephone Number: (____)-____-_____

Date: _____ Email: _____

Please return this evaluation form to:
 Southern University at Shreveport
 Polysomnography Technology Program
 610 Texas Street, Suite 201
 Shreveport, LA 71101

Return this form

POLYSOMNOGRAPHY

Policy for Drug Screening

PURPOSE

- Promote and Protect Patient/Client Safety
- Comply with Clinical Affiliates Drug Screen Requirements
- Detect Illegal Drug Use

DEFINITION

Non-Negative Drug Screen: A non-negative drug screen means a medically acceptable drug test, approved by SUSLA, the results of which indicates the use of illegal drugs.

Illegal Drugs: Illegal drugs include those drugs made illegal to possess, consume, or sell by State and Federal statutes. An illegal drug also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug prescribed for another person.

DRUG SCREENING PROCEDURE

Drug screening is conducted on all student applicants prior to acceptance into the program and a non-negative drug screen will bar admission to the program for a minimum of 12 months. The results of the drug screen are generally accepted for the duration of the student's uninterrupted enrollment in the program unless allegations are made to support reasonable cause that the student is not free of illegal drug use; with reasonable cause the student may be required to submit to further drug screening at his/her own expense. SUSLA will be responsible for designating and approving the drug screening procedures. The student must complete drug screening at the scheduled time. An unscheduled drug screen will result in an additional expense to the student and conducted at a time and place designated by the university. The student must pre-pay for the drug screen as directed by the Program. The student is required to complete a release directing the company/agency conducting the drug screen test to send the results directly to the Program Director.

The results reported by the company/agency conducting the drug screen is final unless the student with a non-negative drug screen, within 10 days of learning of the non-negative drug screen, requests review of the results from the company/agency who originally administered the drug screen. Once the company/agency reports their review finding, the results are final and not appealable.

POLICY

When the university determines that a student has a non-negative drug screen, the student is not allowed to attend any clinical agency/rotation for a minimum of twelve months and may affect his/her re-admission to the program. The student with the non-negative drug screen is required to withdraw from the clinical course and all concurrent health, nursing or allied health programs. Prior to returning to the program, the student must re-apply and be accepted to the program (including re-testing), have a negative drug screen, and provide satisfactory documentation to the university of successful drug counseling and treatment, all at the expense of the student. When a student with a non-negative drug screen is accepted back into the program, he/she will be subjected to unannounced random drug screening at their expense.



CONSENT FOR RELEASE OF INFORMATION

By my signature below, I confirm my physical ability to fulfill the responsibilities of the program and any positions which I may be offered following graduation with or without reasonable accommodation.

Date: _____

Prospective Student's Name (Print): _____

Prospective Student's Signature: _____

(Initial) My signature below indicates that I have read the policy on Criminal Background Screening for the polysomnography program. This form provides my consent for the results of criminal background checks to be released to the program director. I certify that I do not have any criminal history that would disqualify me from a clinical rotation or prevent me from obtaining polysomnography licensure.

DRUG SCREEN

(Initial) My signature below certifies that I have read, understand and agree to accept the Polysomnography Program's Policy for Drug Screening.

TECHNICAL STANDARDS - ACKNOWLEDGEMENT PHYSICAL REQUIREMENTS/WORKING CONDITIONS

(Initial) I acknowledge receipt of the form Technical Standards for Polysomnography outlining the physical requirements of the training program and the duties of the Polysomnography Program at SUSLA.

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