



**SOUTHERN UNIVERSITY AT SHREVEPORT**  
**POLYSOMNOGRAPHY TECHNOLOGY**

# Student Application Packet

We are **FOR** YOU!



## Table of Contents

About Us.....	3
Career Overview.....	4
Degree Overview.....	5
Course Overview.....	6
Program Cost.....	8
Frequently Asked Questions (FAQs).....	9
University Admission Information.....	10
University Admission Requirements.....	11
HESI Exam Information.....	13
Important Application Information.....	14
Student Admission Application Checklist* .....	15
Program Orientation Form* .....	16
Application Checklist.....	17
Application Admission Form* .....	21
Pre-clinical Orientation Form* .....	25
Drug Screening & Background Check Policy.....	26
Technical Standards/General Job Description (Polysomnographic).....	27
Release of Information - Consent Form* .....	30
Privacy Policy - Consent Form* .....	31
Candidate Recommendation Forms* .....	32
Notice of Transparency* .....	40
Program Acceptance Tally Sheet.....	41
Student Resources & Other Information.....	42
References & Website Links.....	43

\*These forms must be filled out and returned to the Polysomnographic Technology Program. You submit your application forms in-person by dropping them off at the address below, Suite 201 or electronically by sending them to ([polysomnographictechnology@live.susla.edu](mailto:polysomnographictechnology@live.susla.edu)).

# About US

## **PROGRAM MISSION STATEMENT**

The Mission of the Polysomnographic Technology (PSGT) Program is to provide our students with the didactic and clinical education that will prepare them to help our communities of interest obtain truly restful and restorative sleep. The Program provides quality education through 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**

A premiere state of the art Polysomnographic Technology Program offering multiple delivery methods and instructional sites for a diverse non-traditional and traditional student population.

## **PROGRAM GOAL**

To Prepare entry-level Polysomnographic technologist in the cognitive (Knowledge), Psychomotor (Skills), and affective (Behavior) learning domains.

## **PROGRAM PHILOSOPHY**

The PSGT Program philosophy can be summed up in one phrase, we are FOR others! This phrase is interwoven into every aspect of this program. The meaning behind this phrase is to bring comfort and assurance to our students in knowing that we are here to support them in their academic journey. No one student is the same, we all come from different backgrounds with different experiences, knowledge, beliefs, perspectives, trials, and goals. Being FOR others is more than just a catchy phrase! So, as a program within the Division of Allied Health Sciences and Nursing, which is focused on helping people through medical intervention, we strive to go above and beyond to ensure that our students succeed in obtaining their academic goals. Every personnel within the PSGT Program will do whatever we can, within reason, to assist our students in mastering the knowledge, skills, and abilities required of an entry-level Polysomnographic Technologist.

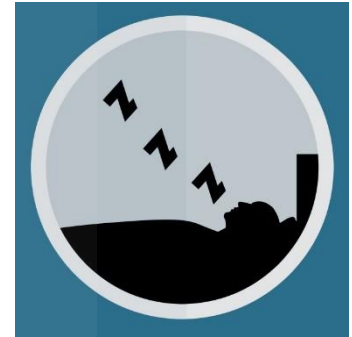
# Career overview

*Read this Article by Kathleen Green, Editor of Occupational Outlook Quarterly*  
[Polysomnographic technologist \(bls.gov\)](https://www.bls.gov/occupational-outlook-quarterly/articles/polysomnographic-technologist)

## What is a Polysomnographic Technologist?

Sleep Technology, also called Polysomnographic Technology, is an allied healthcare occupation that embraces a unique body of knowledge and methodological skills. Sleep technologists are allied health professionals who work as part of a team under the general supervision of a licensed physician to assist in the education, evaluation, treatment and follow-up of sleep disorders patients of all ages. These professionals are specially trained to perform polysomnography and other tests used by a physician to diagnose and treat sleep disorders.

Polysomnography includes the process of analyzing, monitoring and recording physiologic data during sleep and wakefulness. This includes providing polysomnography services that are safe, aseptic, preventive and restorative, applying the use of techniques, equipment and procedures involved in the evaluation of polysomnography for the treatment of sleep disorders that are offered during the staging, execution of and scoring of a sleep study.



## The Future of Sleep Technologist

<b>Education Required</b>	Certificate or Associated Degree
<b>Certification</b>	Passing the BRPT exam is a requirement
<b>Education Field of Study</b>	Nursing, electroneurodiagnostics, respiratory therapy
<b>Key Responsibilities</b>	Monitor and record sleep activity, diagnose sleep disorders, develop treatment plans, perform polysomnograms and EEGs
<b>Job Growth (2018-2028)</b>	11% <i>(for all clinical laboratory technologists and technicians) *</i>
<b>Median Salary (2019)</b>	\$52,282 <i>(for all registered polysomnographic technologists) **</i>

Sources: \*U.S. Bureau of Labor Statistics, \*\*PayScale.com

**Sample Sleep Technologist Job Description:**  
[Sleep \(Polysomnographic\) Technologist Job Description - AAST \(aastweb.org\)](https://www.aastweb.org/job-description-polysomnographic-technologist)

# Degree overview

CRN	COURSE NAME	CREDIT HOURS
<b>PREREQUISITE COURSES</b>		
<b>SENG 101S</b>	Freshman English	3
<b>SBIO 221S</b>	Anatomy & Physiology I Lecture	3
<b>SBIO 222S</b>	Anatomy & Physiology II Lecture	3
<b>ALLH 210S</b>	Medical Terminology	3
<b>MATHS 133s or HIGHER</b>		3
<b>TOTAL</b>		<b>15</b>
<b>1<sup>st</sup> SEMESTER (SPRING)</b>		
<b>PSGT 120S</b>	Polysomnography I	3
<b>PSGT 125S</b>	Sleep disorders	2
<b>PSGT 130S</b>	Neuroanatomy & Physiology	3
<b>PSGT 135S</b>	Neurophysiology of Sleep	3
<b>PSGT 140S</b>	Respiratory Care Procedures	3
<b>TOTAL</b>		<b>14</b>
<b>2<sup>nd</sup> SEMESTER (SUMMER)</b>		
<b>PSGT 145S</b>	Polysomnography Clinical I	6
<b>TBD</b>	Behavioral/Social Science Elective	3
<b>TOTAL</b>		<b>9</b>
<b>3<sup>rd</sup> SEMESTER (FALL)</b>		
<b>PSGT 155S</b>	Polysomnography Clinical II	4
<b>PSGT 160S</b>	Polysomnography II	3
<b>PSGT 200S</b>	Special Topics	2
<b>PSGT 150S</b>	Sleep Scoring & Staging	3
<b>TOTAL</b>		<b>12</b>
<b>4<sup>th</sup> SEMESTER (SPRING)</b>		
<b>PSGT 205S</b>	Infant & Pediatric Polysomnography	2
<b>TBD</b>	Humanities Elective	3
<b>PSGT 210S</b>	Polysomnography Clinical III	4
<b>PSGT 215S</b>	Exam Review and Career Preparation	3
<b>TOTAL</b>		<b>12</b>
<b>TOTAL HOURS FOR PROGRAM</b>		<b>62</b>

# Course Descriptions

## **PSGT 120S | Polysomnography I**

3 cr. Hr. (3-1-3)

*"This course is designed to provide both didactic and laboratory training for entry-level personnel in the basics of polysomnography technology. Students will become familiar with terminology instrumentation setup and calibration, patient safety and infection control, recording and monitoring techniques, documentation, professional issues, and patient-technologist interactions related to polysomnography technology."* **Requires departmental approval.**

## **PSGT 125S | Sleep disorders**

2 cr. Hr. (2-0-2)

*"This course will present disorders that affect sleep including insomnias, circadian rhythm disorders, narcolepsy, sleep disordered breathing, movement and neuromuscular disorders and medical and psychiatric disorders."* **Requires departmental approval.**

## **PSGT 130S | Neuroanatomy and Physiology**

3 cr. Hr. (3-0-3)

*"This course is a study of the anatomy of the human central nervous system. The student will also be introduced to cardiopulmonary structures and function as well as ECG interpretation."* **Requires departmental approval.**

## **PSGT 135s | Neurophysiology of Sleep**

3 cr. Hr. (3-0-3)

*"This course is an introduction to the history of sleep medicine and the different stages of sleep. Emphasis is on associated wave patterns and collection and utilization of sleep histories."* **Requires departmental approval.**

## **PSGT 140S | Respiratory Care Procedures**

3 cr.hr. (3-0-3)

*"This course is an in-depth study of basic respiratory concepts, theories and techniques needed in the education of the polysomnography student. Application of these procedures are instructed and performed in the laboratory and in the clinical area under supervision."* **Requires departmental approval.**

## **PSGT 145S | Polysomnography Clinical I**

6 cr. Hr. (0-24-6)

*"This course provides the student with patient contact in a sleep lab. This experience offers health-related work-based learning that enables the student to apply specialized occupational theory, skills, and concepts. The student will have the opportunity to observe, perform (under supervision), and evaluate sleep studies. Direct supervision is provided by the clinical professional. (24 clinical hours/week)." **Prerequisite: PSGT 120s.***

## **PSGT 150S | Sleep Scoring & Staging**

3 cr. Hr. (3-0-3)

*"This course provides the student with the skill to score and stage sleep studies; prepare comprehensive sleep records, identify effects of medication, age, gender, sleep/wake schedules and*

sleep habits and other relevant factors. Evaluate pertinent parameters in sleep disorder studies.”

**Prerequisite:** PSGT 120s

### **PSGT 155s | Polysomnography Clinical II**

4 cr. Hr. (0-24-4)

“This course offers a health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. They will gain insight on scoring, result reporting and Home Health equipment (DME Setups and Follow Ups). (24 Clinical hours/week) Direct supervision is provided by the clinical professional.” **Prerequisite:** PSGT 145s

### **PSGT 160S | Polysomnography II**

3 cr. Hr. (3-1-3)

“This course is a lecture and lab, designed to develop skills needed for scoring and staging. Consideration of medication effects, age, gender, sleep/wake schedules, changes in sleep habits, and other pertinent factors. Students will evaluate parameters such as total record time, total sleep time, sleep efficiency, total wake time, wake after sleep onset, wake after sleep offset, sleep latency, REM latency, stage 1-3, REM sleep, awakenings arousals. EEG, sleep disordered breathing, leg movements, and cardiac patterns.” **Prerequisite:** PSGT 120s

### **PSGT 200S | Special Topics in Polysomnography**

2 cr. Hr. (3-0-2)

“This course addresses recently identified current events, skills, knowledge, and/or attitudes and behaviors pertinent to the field of polysomnography and relevant to the professional development of the students.” **prerequisite:** PSGT 160s

### **PSGT 205S | Infant & Pediatric Polysomnography**

2 cr. Hr. (2-0-2)

“This course is an introduction to the sleep patterns of the infant and pediatric population. The student will be provided with opportunities to perform a pediatric study.” **Prerequisite:** PSGT 160s

### **PSGT 210S | Polysomnography Clinical III**

4 cr. Hr. (0-24-4)

“This course provides the student with patient contact in a sleep lab. The student will have the opportunity to observe, perform (under supervision), and evaluate sleep studies. (24 clinical hours/week).” **Prerequisite:** PSGT 155s

### **PSGT 215s | Exam Review and Career Preparation** 3 cr. Hour (3-1-3)

“This course will be a comprehensive review in order to optimize success with passing the boards and job placement. They will undergo mock interviews, take practice exams through the BRPT website, complete some Inter-Reliability Scoring through the AASM and get assistance with Resume’ development.” **Prerequisite:** Requires Departmental Approval





SOUTHERN UNIVERSITY AT SHREVEPORT  
POLYSOMNOGRAPHY TECHNOLOGY

# Polysomnographic Technology Program Fee's

Fee Type	Program Sequence	Course	Credit Hours	Item Description	Fee Amount	Justificaiton
Program	Pre-Admission			Program Application	\$40.00	
Program	Pre-Admission			HESI EXAM	\$60.00	Required for Allied Health Programs
Program	Pre-Admission			Background Check & Drug Screening	\$100.00	Required by accrediting body & allied health licensure
Course	1st Semester	PSGT 120s	3	Scurbbs & Lab Fee	\$300.00	Clinical Attire & Supplies
Course	1st Semester	PSGT 125S	2	AAST Student Membership	\$100.00	Student Membership to the national association of sleep technologist. This grants students access to monthly research articles, Free Continuting Education Credits, and discounts on educational material.
Course	1st Semester	PSGT 140S	3	BLS Certification	\$60.00	Required life saving training for allied health
Course	2nd Semester	PSGT 145S	4	Trajecsys (CMS)	\$150.00	Clinical Management Software (Scheduling, Checkoffs, evaluation forms)
Course	3rd Semester	PSGT 160S	3	SLEEP ISR Software	\$220.00	This software is a industry wide competency tool for scoring of sleep studies.
Course	4th Semester	PSGT 215S	3	BRPT Study Material, Board Exam Fee, Pinning Ceremony	\$850.00	Board Exam Cost =\$450, Pinning Ceremony=\$100, Study Material=\$300

**TOTAL: \$1880.00**

\*This fee sheet does not include the University Tuition & Fee's, or fee's assocaited with obtaining a medical license post-graduation from the program. Note that this is an estimated fee sheet, Fee's are subject to change at the programs discretion.



# **FREQUENTLY ASKED QUESTIONS (FAQs)**

**1. How much does a sleep technologist make?**

- a. According to Payscale.com, The average hourly pay for a Sleep Technologist is **\$24.79 or (\$49,920 Annually)**.

**2. What is a usual work schedule for a sleep technologist?**

- a. Sleep technologists usually work night shift by doing 3-12hr shifts or 4-10hr shifts a week. This is equivalent to working 3 or 4 days respectively with you having off the rest of the week.

**3. How long is the Polysomnography Technology Program?**

- a. The program is for 18 months or 4 Semesters, not counting the prerequisites courses.

**4. Is the program offered online or in-person?**

- a. The PSG Technology Program is considered a Hybrid/blended program offering here at SUSLA. With over 70% of our instructional material done via online and Asynchronous to allow students to fit in class time around their busy schedules.

**5. How much does the program cost?**

- a. The cost of tuition depends on whether the student is resident, non-resident, or international. For a resident student taking 12 credit hours at SUSLA, the tuition is **(\$2468.00)** per semester on average. For more details: [Tuition & Fees | Southern University Shreveport Louisiana \(susla.edu\)](https://www.susla.edu/tuition-fees)
- b. Program Specific Estimated Fee's: **(\$1,890.00)**

**6. Will I be able to get a job once I graduate?**

- a. YES! We are one of only two Associate Degree programs offered in the state of Louisiana. With that in mind, there are over 30+ labs in the state of Louisiana that are looking for sleep technologist. In addition, our program reached past state lines with key partnerships in Texas and Mississippi.

**7. How often do you accept students in the program?**

- a. Currently we host only one cohort at a time with it beginning In January and continuing until May of the following year. Students apply in the fall semester (July-October) via our digital application packet.

**8. Can I work while in the program?**

- a. Yes but we recommend being cautious of working a full-time job during the clinical portion of our program which starts at the 2<sup>nd</sup> semester of the program and continues until you graduate. The reason for this is that like the shift schedule of a sleep technologist, your clinicals will primarily be at night. Therefore, it may be challenging to balance nighttime clinicals with a traditional job schedule, On top of your coursework duties.

# 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](mailto:admissions@susla.edu)

### Office Hours

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

# University 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.

SOUTHERN UNIVERSITY AT SHREVEPORT  
POLYSONOGRAPHY TECHNOLOGY  
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.**

**Please follow this link to Enroll in SUSLA: [4 Easy Steps to Enrollment at SUSLA | Southern University Shreveport Louisiana](#)**

# HESI EXAM

Division of Allied Health Sciences

**Students who are planning to apply to either of the programs listed below:**

**Medical Coding  
Health Information Technology  
Medical Lab Technology  
Radiologic Technology  
Respiratory Therapy  
Surgical Technology  
Emergency Medical Technician  
Polysomnographic Technology**

**Are now required to take a pre-admission exam!!!!**

## **Pre-Admission Test Schedule**

**Contact: Mrs. LaShonda Wiggins @ 670-9627  
Academic Advisor Allied Health**

**SOUTHERN UNIVERSITY AT SHREVEPORT  
POLYSOMNOGRAPHIC TECHNOLOGY**

### **Locations:**

**Metro Center 610 Texas Suite 102-B, Computer Lab  
3050 MLK, Jr. Drive Room C-11 (Fine Arts Building)**

**Cost of exam: \$60.00**

- 1. Students should pay \$60.00 fee to SUSLA Cashier's Window**
- 2. Contact Mrs. Wiggins to schedule exam at (318) 670-9627**
- 3. Must present paid receipt on test date**

## **IMPORTANT APPLICATION INFORMATION**

Thank you for applying for the Polysomnographic Technology Program at Southern University at Shreveport. Please take time to look over this application packet and complete each task to ensure that your application is complete prior to submitting it. To assist with this, 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 something comes up during the review process that needs to be addressed. Should you have any questions, please reach out to the Program Director, Mr. Colton Wiggins at [Colton.Wiggins@susla.edu](mailto:Colton.Wiggins@susla.edu) or 318-670-9620.

### **Application Time-Frame:**

(June 6<sup>th</sup>, 2022 - October 18<sup>th</sup>, 2022)

### **Application Deadline:**

**October 18<sup>th</sup>, 2022**

### **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.





## STUDENT ADMISSION APPLICATION CHECKLIST

### DIRECTIONS

Go through the checklist and Check off each step as you complete it. You will be required to sign that you have read and understand all steps of the application process.

**Complete all parts of this application packet and return to:**

**Southern University at Shreveport**

**Division of Allied Health**

**Polysomnographic Technology Program**

**Attention: Mr. Colton Wiggins**

**610 Texas Street, Suite 500 D**

**Shreveport, LA 71101**

**Phone: 318-670-9620, Email: [Colton.Wiggins@susla.edu](mailto:Colton.Wiggins@susla.edu)**

Upon completion of the application process, applicants will be notified by mail or e-mail of their acceptance or non-acceptance in the program by **Dec. 2<sup>nd</sup>, 2022**. Sign below to show that you have read and understand the directions given in this application packet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM PROGRAM OREINTATION FORM**

All program applicants **MUST** attend the program orientation session. This session will only be offered on the **Friday, Jan. 13<sup>th</sup>, 2023** starting at 10am. The meeting will be held virtually via zoom. The link will be sent out to those students that make it to the clinical portion of the program. This form is to be signed by a clinical instructor and will become a permanent part of your application packet.

I \_\_\_\_\_ (print name) attended the pre-clinicals orientation session. I have been provided with enough information of the roles of a Polysomnographic Technology student and a licensed Polysomnographic Technologist.

### **Information Covered:**

**Role of a Polysomnographic Technologist Student**

**HIPAA**

**Personal Protection Equipment and Safety**

**Clinical Guide for the Polysomnographic Technologist Student**

**Types of Professional Practice Experiences**

(Stand Alone Sleep Lab, Hospital Based Sleep Lab, DME, Sleep Educator, Score Technologist, etc.)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Faculty**

\_\_\_\_\_  
**Date**

# Polysomnographic Technology

## 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](mailto: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.

**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-  
Polysomnographic Technology Program**

- ☐ **3.** Schedule and Take the HESI Exam (Cost: \$60.00)
- \*\* Students have until Mid-Term of the 1<sup>st</sup> Spring Semester of the program to take the 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 School Diploma or GED equivalent.
- ☐ **7.** Turn In you sign & witnessed Program Performance Standards.
- ☐ **8.** Turn in your signed and witnessed criminal background check & drug screening nformation 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 candidate recommendation forms.
- ☐ **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 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. \*\***



We are  
**FOR YOU!**



# APPLICATION FOR ADMISSION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STUDEN BANNER ID NUMBER: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

\_\_\_\_\_  
 (Name of Contact) (Relationship)

\_\_\_\_\_  
 Street Address City/State/ZIP Code

\_\_\_\_\_  
 Telephone Cell Phone

**HIGH SCHOOL ATTENDED:**

Name of School	Dates Attended	Location

**COLLEGE EDUCATION:** List in chronological order all undergraduate colleges attended

Institution	Location	Dates	Major	Degrees

Do you plan to work while you are in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of, plead no contest to, or are charges pending against you for a felony or misdemeanor in any state? (Includes moving vehicle violation) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

---

---

---

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, provide details: \_\_\_\_\_

---

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

- A. The clinical setting is a high-risk area for exposure to patients with communicable diseases, to include exposure to human immunodeficiency virus (HIV) and hepatitis B virus (HBV). Protective procedures are taught and must be followed in the clinical setting. Covid 19 testing must be taken before start of clinical rotation and proof of Covid-19 vaccination.
- B. Polysomnographic Technology courses are a mix of hybrid and Online formats. Due to the nature of a sleep technologist role, most clinicals are during night time hours. They will usually start at 19:00 (7pm) and go through the night into the next morning until 07:00 (7am)
- C. A pre-entrance health form will be distributed with acceptance letters. Results of the medical examination must be reported on the designated health form, which is to be **submitted at the pre-clinical orientation prior to the SUMMER semester**. You may visit a private physician, clinic, health maintenance organization, or medical center for the medical examination.
- D. The pre-entrance medical examination includes a medical history, physical examination, and record of current immunizations. Verification of the following immunizations/tests is required of students: tuberculin skin test, varicella vaccination and/or titer, tetanus/diphtheria, measles, mumps, rubella, MMR titer, seasonal flu shot, and hepatitis B vaccination dates and titer if the series has been completed. Completion of this form is mandatory in order to continue on in the clinical phase.
- E. The hepatitis B vaccine is required and involves a series of three (3) injections. Students must have completed the first and second injection of the series prior to entering the hospital for clinical practice. Students must submit documentation following each injection to the Clinical Director. A physician must validate pregnancy or other health situations (i.e., allergies and nursing mothers), which may prohibit the use of the vaccine, and a waiver signed by the student.
- F. HIV testing is required of all students in the clinical phase of the program. Drug screening will be done randomly; students will incur cost of testing.
- G. Students will be required to take the seasonal flu shot once it becomes available in the fall. Proof of Covid-19 vaccination or exemption form submitted.
- H. All courses in the Polysomnographic Technology Program must be completed in the semester in which it is scheduled. Support courses may be taken prior to or concurrent with required Polysomnographic Technology Program curriculum, each course of the program must be passed with a grade of "C" or better in the semester in which it is scheduled.
- I. It is your responsibility to have transportation to and from any of the programs clinical affiliates locations.

- J. All prospective Allied Health clinical students **must** complete a HESI admission exam. The cost of the exam is \$60.00 and must be paid at the cashier's window prior to arriving for the exam. Contact: Mrs. Wiggins 318-670-9627 Academic Advisor – Allied Health Science and Nursing. The exam is designed to assist students in preparation for entrance into higher education in a variety of health-related professions. The academically oriented subjects consist of: Mathematics, Reading, Vocabulary, Grammar, Biology, Chemistry, Anatomy and Physiology, and Physics. There is a review book that may be purchased for the price of \$44.00 and used as a study guide. The website is [www.elsevierhealth.com](http://www.elsevierhealth.com) and the title is Admission Assessment Exam Review, 4<sup>th</sup> Edition ISBN: 9780323353786. **The purchase of this text is optional. The available dates for this exam with instructions are attached.**

**METHODS OF LEARNING: Please answer the following questions.**

- A. Are you able to perform the physical and mental/attitudinal standards of this program **with** or **without** reasonable accommodations? If you need accommodations, what kind?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- B. When learning new information or procedures, you retain it better by (you can have more than one answer).
- \_\_\_\_\_ reading it
- \_\_\_\_\_ seeing it
- \_\_\_\_\_ listening to someone explain it
- \_\_\_\_\_ doing it myself
- \_\_\_\_\_ working with a small group to better understand it
- \_\_\_\_\_ working alone to better understand it

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## **POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM PRE- CLINICAL OREINTATION FORM**

All applicants accepted into the program **MUST** attend the clinical orientation session prior to entering into clinicals. This session will only be offered on **May 31<sup>st</sup> at 10:00am CST**. The meeting will be held virtually via zoom. The link will be sent out to those students that make it to the clinical portion of the program. **(2nd Semester of the Program)**

This form is to be signed by a clinical instructor and will become a permanent part of your application packet.

I \_\_\_\_\_ (print name) attended the pre-clinicals orientation session. I have been provided with enough information of the roles of a Polysomnographic Technology student and a licensed Polysomnographic Technologist.

### **Information Covered:**

**Role of a Polysomnographic Technologist Student**

**HIPAA**

**Personal Protection Equipment and Safety**

**Clinical Guide for the Polysomnographic Technologist Student**

**Types of Professional Practice Experiences**

(Stand Alone Sleep Lab, Hospital Based Sleep Lab, DME, Sleep Educator, Score Technologist, etc.)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Faculty**

\_\_\_\_\_  
**Date**

# POLYSOMNOGRAPHIC TECHNOLOGY

## 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.



# Polysomnographic 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"> <li>• Move within confined spaces Sit and maintain balance</li> <li>• Stand and maintain balance</li> <li>• Reach above shoulders</li> <li>• Reach below waist</li> </ul>	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"> <li>• Pick up objects with hands</li> <li>• Grasp small objects with hands</li> <li>• Write with pen or pencil</li> <li>• Key/type</li> <li>• Pinch/pick or otherwise work with fingers Twist</li> <li>• Squeeze with finger</li> </ul>	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"> <li>• Sustain repetitive movements Maintain physical tolerance for 8- or 12-hour periods</li> <li>• Ability to perform activities day, afternoon, evening and night.</li> </ul>	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"> <li>• Push and pull 25 pounds</li> <li>• Support 25 pounds</li> <li>• Lift 25 pounds</li> <li>• Carry equipment/supplies</li> <li>• Use upper body strength</li> <li>• Squeeze with hands</li> </ul>	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"> <li>• Twist Bend</li> <li>• Stoop/squat</li> <li>• Move quickly</li> <li>• Climb</li> <li>• Walk</li> </ul>	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"> <li>• Hear normal speaking level sounds</li> <li>• Hear faint voices</li> <li>• Hear in situation when not able to see lips. Hear auditory alarms</li> </ul>	Hear audible alarms. Hear patient over intercoms. Hear patients in dark rooms.

VISUAL	<ul style="list-style-type: none"> <li>• See objects up to 20 inches away See objects up to 20 feet away</li> <li>• Use depth perception Use peripheral vision</li> <li>• Distinguish color</li> <li>• Distinguish color intensity</li> <li>• See objects and read in low lighted areas</li> </ul>	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"> <li>• Feel vibrations</li> <li>• Detect temperature</li> <li>• Feel differences in surface characteristics</li> <li>• Feel differences in sizes, shapes</li> <li>• Detect environmental temperature</li> </ul>	Assess patient by feeling for patient pulse and O <sub>2</sub> Saturation using pulse oximetry.
SMELL	<ul style="list-style-type: none"> <li>• Detect odors from patients</li> <li>• Detect smoke</li> <li>• Detect gases or noxious smells</li> </ul>	Assess for noxious odors originating from the patient or environment (example gas leak or smoke).
READING	<ul style="list-style-type: none"> <li>• Read and understand written documents</li> </ul>	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"> <li>• 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</li> </ul>	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"> <li>• Establish appropriate emotional boundaries</li> <li>• Provide emotional support to others</li> <li>• Adapt to changing environment/stress Deal with the unexpected Focus attention on task</li> <li>• Monitor own emotions</li> <li>• Perform multiple responsibilities concurrently</li> <li>• Handle strong emotions</li> </ul>	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"> <li>• Transfer knowledge from one situation to another</li> <li>• Process information</li> <li>• Evaluate outcomes</li> <li>• Problem solves</li> <li>• Prioritize tasks</li> <li>• Use long-term memory Use short-term memory</li> </ul>	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"> <li>• Identify cause-effect relationships</li> <li>• [Plan/control] activities for others</li> <li>• Synthesize knowledge and skills</li> <li>• Sequence information</li> </ul>	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"> <li>• Negotiate interpersonal conflict Respect differences in patients, fellow students, and members of the healthcare team.</li> <li>• Establish rapport with patients, fellow students, and members of the healthcare team.</li> </ul>	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"> <li>• Explain procedures</li> <li>• Teach</li> <li>• Give oral reports</li> <li>• Interact with others</li> <li>• Speak on the telephone</li> <li>• Influence people</li> <li>• Convey information through writing</li> </ul>	Communicate effectively and appropriately with doctors, nurses, patients, family, and other staff in order to provide for most effective and efficient patient care.



# 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.

## CRIMINAL BACKGROUND SCREENING

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.

\_\_\_\_\_  
(Initial)

## DRUG SCREEN

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

\_\_\_\_\_  
(Initial)

## TECHNICAL STANDARDS - ACKNOWLEDGEMENT PHYSICAL REQUIREMENTS/WORKING CONDITIONS

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.

\_\_\_\_\_  
(Initial)

Prospective Student's Name (Print): \_\_\_\_\_

Prospective Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## POLYSOMNOGRAPHY TECHNOLOGY (PSGT) PROGRAM

Southern University at Shreveport (SUSLA): Division of Allied Health Sciences and Nursing



### **Privacy Policy -Consent Form**

The following is a consent form to ensure that our program is following FERPA (Read More Here: [Family Educational Rights and Privacy Act \(FERPA\)](#)) by protecting the use of your educational and personal information. With that being stated, please read the statement below, sign, and send back indicating that you are aware and consent to the program utilizing your information for setting up accounts with various vendors and services that are utilized as a part of the program. Examples include (CastleBranch, Trajecsyst, and American Academy of Sleep Medicine, American Association of Sleep Technologist, Board of Registered Polysomnography Technologist, and potentially others as the program continues to grow and develop).

I, \_\_\_\_\_, who is a Polysomnography Technology Program student consent to the use of the following information by the PSGT Program Faculty and staff: Full Name, Date of Birth, Social Security Number, Age, contact information, health records and immunization status, and educational records. I understand that the Polysomnography Technology Program Faculty & Staff will use this information for setting up accounts with various entities and organizations that the program uses for student engagement and success while in the PSGT Program.

-----  
Full Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM CANDIDATE RECOMMENDATION FORM

**DIRECTIONS:** The purpose of this form is to provide a personal or professional reference for the prospective candidate. Please complete ALL items on the evaluation form and include a brief narrative of your reason(s) for recommending this individual for entrance to the program. Your signature, occupation and the date are necessary for completion of this document. Your address and telephone number are optional, but helpful for future reference if needed. All information you provide is protected by the Family Education Rights & Privacy Act of 1974 and is held in strict confidence. If you have any questions, please contact Mr. Colton Wiggins, Director of the Polysomnographic Technology program at 670-9620 for information.

**Candidate's Name:** \_\_\_\_\_

**Length of time you have known Candidate:** \_\_\_\_\_ [ ] Months [ ] Years

**Professional/Personal Relationship:** \_\_\_\_\_  
(Employer/Supervisor, Instructor/Pastor, Friend, etc. If you are a relative, please help the candidate select another person to complete a recommendation form).

**Please rate the Candidate's abilities and attributes according to the following scale:**

**4 = Excellent                      3 = Good                      2 = Average                      1 = Fair                      0 = Poor**

Use "N" for Non-applicable or No-opinion judgments

ABILITIES AND ATTRIBUTES	SCORE
Judgment, decisiveness, considers alternatives	
Assertiveness, Firmness in stating position	
Professional commitment, knowledge	
Oral expression, clarity and articulation	
Independence, initiative, minimal need for supervision	
Mood stability, performs well under pressure, level-headed	
Demeanor, responsiveness to needs/moods of others	
Industriousness, perseverance, and endurance	
Dependability and follow-through	
Leadership, ability to give direction and organize duties	
Integrity, ability to maintain privacy and avoid gossip	
Self-understanding, awareness of own strengths/weakness	
Inquisitiveness: Eagerness to learn	
Cooperation: Willingness and ability to work with others	
Written Communication: Clear, grammatically correct writing	
Personal Appearance: Well-groomed, occasion appropriate dress	

(Please continue to the next page)

Please use the space below to explain any of the scores in the previous rating table with further comments. (Include additional pages if needed).

---

---

---

---

Please use the space below to describe your knowledge of the candidate's strengths of weaknesses as they pertain to his/her suitability for program admission. (Include additional pages if needed).

---

---

---

---

---

---

**EVALUATOR INFORMATION:** Provide your **SIGNATURE, PRINTED NAME, DATE** and **TITLE/OCCUPATION** SO THAT WE CAN VERIFY TO THE CANDIDATE THAT YOUR RECOMMENDATION IS ON FILE. **ADDRESS AND TELEPHONE NUMBER ARE OPTIONAL.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Please Print)

TITLE/OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**PLEASE RETURN TO:** Southern University at Shreveport, LA  
Polysomnographic Technology Program  
ATTENTION: Mr. Colton Wiggins  
610 Texas Street/Suite 500-D  
Shreveport, LA 71101

\*\*\*\* (You may return this to the candidate or deliver personally) \*\*\*\*





## POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM CANDIDATE RECOMMENDATION FORM

**DIRECTIONS:** The purpose of this form is to provide a personal or professional reference for the prospective candidate. Please complete ALL items on the evaluation form and include a brief narrative of your reason(s) for recommending this individual for entrance to the program. Your signature, occupation and the date are necessary for completion of this document. Your address and telephone number are optional, but helpful for future reference if needed. All information you provide is protected by the Family Education Rights & Privacy Act of 1974 and is held in strict confidence. If you have any questions, please contact Mr. Colton Wiggins, Director of the Polysomnographic Technology program at 670-9620 for information.

**Candidate's Name:** \_\_\_\_\_

**Length of time you have known Candidate:** \_\_\_\_\_ [ ] Months [ ] Years

**Professional/Personal Relationship:** \_\_\_\_\_  
(Employer/Supervisor, Instructor/Pastor, Friend, etc. If you are a relative, please help the candidate select another person to complete a recommendation form).

**Please rate the Candidate's abilities and attributes according to the following scale:**

**4 = Excellent                  3 = Good                  2 = Average                  1 = Fair                  0 = Poor**

Use "N" for Non-applicable or No-opinion judgments

ABILITIES AND ATTRIBUTES	SCORE
Judgment, decisiveness, considers alternatives	
Assertiveness, Firmness in stating position	
Professional commitment, knowledge	
Oral expression, clarity, and articulation	
Independence, initiative, minimal need for supervision	
Mood stability, performs well under pressure, level-headed	
Demeanor, responsiveness to needs/moods of others	
Industriousness, perseverance, and endurance	
Dependability and follow-through	
Leadership, ability to give direction and organize duties	
Integrity, ability to maintain privacy and avoid gossip	
Self-understanding, awareness of own strengths/weakness	
Inquisitiveness: Eagerness to learn	
Cooperation: Willingness and ability to work with others	
Written Communication: Clear, grammatically correct writing	
Personal Appearance: Well-groomed, occasion appropriate dress	

(Please continue to the next page)

Please use the space below to explain any of the scores in the previous rating table with further comments. (Include additional pages if needed).

---

---

---

---

Please use the space below to describe your knowledge of the candidate's strengths of weaknesses as they pertain to his/her suitability for program admission. (Include additional pages if needed).

---

---

---

---

---

---

**EVALUATOR INFORMATION:** Provide your **SIGNATURE, PRINTED NAME, DATE** and **TITLE/OCCUPATION** SO THAT WE CAN VERIFY TO THE CANDIDATE THAT YOUR RECOMMENDATION IS ON FILE. **ADDRESS AND TELEPHONE NUMBER ARE OPTIONAL.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(Please Print)

TITLE/OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**PLEASE RETURN TO:** Southern University at Shreveport, LA  
Polysomnographic Technology Program  
ATTENTION: Mr. Colton Wiggins  
610 Texas Street/Suite 500-D  
Shreveport, LA 71101

\*\*\*\* (You may return this to the candidate or deliver personally) \*\*\*\*



## POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM CANDIDATE RECOMMENDATION FORM

**DIRECTIONS:** The purpose of this form is to provide a personal or professional reference for the prospective candidate. Please complete ALL items on the evaluation form and include a brief narrative of your reason(s) for recommending this individual for entrance to the program. Your signature, occupation and the date are necessary for completion of this document. Your address and telephone number are optional, but helpful for future reference if needed. All information you provide is protected by the Family Education Rights & Privacy Act of 1974 and is held in strict confidence. If you have any questions, please contact Mr. Colton Wiggins, Director of the Polysomnographic Technology program at 670-9620 for information.

**Candidate's Name:** \_\_\_\_\_

**Length of time you have known Candidate:** \_\_\_\_\_ [ ] Months [ ] Years

**Professional/Personal Relationship:** \_\_\_\_\_  
(Employer/Supervisor, Instructor/Pastor, Friend, etc. If you are a relative, please help the candidate select another person to complete a recommendation form).

**Please rate the Candidate's abilities and attributes according to the following scale:**

**4 = Excellent      3 = Good      2 = Average      1 = Fair      0 = Poor**

Use "N" for Non-applicable or No-opinion judgments

ABILITIES AND ATTRIBUTES	SCORE
Judgment, decisiveness, considers alternatives	
Assertiveness, firmness in stating position	
Professional commitment, knowledgeable	
Oral expression, clarity and articulation	
Independence, initiative, minimal need for supervision	
Mood stability, performs well under pressure, level-headed	
Demeanor, responsiveness to needs/moods of others	
Industriousness, perseverance, and endurance	
Dependability and follow-through	
Leadership, ability to give direction and organize duties	
Integrity, ability to maintain privacy and avoid gossip	
Self-understanding, awareness of own strengths/weakness	
Inquisitiveness: Eagerness to learn	
Cooperation: Willingness and ability to work with others	
Written Communication: Clear, grammatically correct writing	
Personal Appearance: Well-groomed, occasion appropriate dress	

(Please continue to the next page)

Please use the space below to explain any of the scores in the previous rating table with further comments. (Include additional pages if needed).

---

---

---

---

Please use the space below to describe your knowledge of the candidate's strengths of weaknesses as they pertain to his/her suitability for program admission. (Include additional pages if needed).

---

---

---

---

---

---

**EVALUATOR INFORMATION:** Provide your **SIGNATURE, PRINTED NAME, DATE** and **TITLE/OCCUPATION** SO THAT WE CAN VERIFY TO THE CANDIDATE THAT YOUR RECOMMENDATION IS ON FILE. **ADDRESS AND TELEPHONE NUMBER ARE OPTIONAL.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(Please Print)

TITLE/OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**PLEASE RETURN TO:** Southern University at Shreveport, LA  
Polysomnographic Technology Program  
ATTENTION: Mr. Colton Wiggins  
610 Texas Street/Suite 500-D  
Shreveport, LA 71101

\*\*\*\* (You may return this to the candidate or deliver personally) \*\*\*\*



## POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM CANDIDATE RECOMMENDATION FORM

**DIRECTIONS:** The purpose of this form is to provide a personal or professional reference for the prospective candidate. Please complete ALL items on the evaluation form and include a brief narrative of your reason(s) for recommending this individual for entrance to the program. Your signature, occupation and the date are necessary for completion of this document. Your address and telephone number are optional, but helpful for future reference if needed. All information you provide is protected by the Family Education Rights & Privacy Act of 1974 and is held in strict confidence. If you have any questions, please contact Mr. Colton Wiggins, Director of the Polysomnographic Technology program at 670-9620 for information.

**Candidate's Name:** \_\_\_\_\_

**Length of time you have known Candidate:** \_\_\_\_\_ [ ] Months [ ] Years

**Professional/Personal Relationship:** \_\_\_\_\_

*(Employer/Supervisor, Instructor/Pastor, Friend, etc. If you are a relative, please help the candidate select another person to complete a recommendation form).*

**Please rate the Candidate's abilities and attributes according to the following scale:**

**4 = Excellent                  3 = Good                  2 = Average                  1 = Fair                  0 = Poor**

Use "N" for Non-applicable or No-opinion judgments

ABILITIES AND ATTRIBUTES	SCORE
Judgment, decisiveness, considers alternatives	
Assertiveness, firmness in stating position	
Professional commitment, knowledgeable	
Oral expression, clarity and articulation	
Independence, initiative, minimal need for supervision	
Mood stability, performs well under pressure, level-headed	
Demeanor, responsiveness to needs/moods of others	
Industriousness, perseverance, and endurance	
Dependability and follow-through	
Leadership, ability to give direction and organize duties	
Integrity, ability to maintain privacy and avoid gossip	
Self-understanding, awareness of own strengths/weakness	
Inquisitiveness: Eagerness to learn	
Cooperation: Willingness and ability to work with others	
Written Communication: Clear, grammatically correct writing	
Personal Appearance: Well-groomed, occasion appropriate dress	

*(Please continue to the next page)*

Please use the space below to explain any of the scores in the previous rating table with further comments. (Include additional pages if needed).

---

---

---

---

Please use the space below to describe your knowledge of the candidate's strengths of weaknesses as they pertain to his/her suitability for program admission. (Include additional pages if needed).

---

---

---

---

---

---

**EVALUATOR INFORMATION:** Provide your **SIGNATURE, PRINTED NAME, DATE** and **TITLE/OCCUPATION** SO THAT WE CAN VERIFY TO THE CANDIDATE THAT YOUR RECOMMENDATION IS ON FILE. **ADDRESS AND TELEPHONE NUMBER ARE OPTIONAL.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
(Please Print)

TITLE/OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

**PLEASE RETURN TO:** Southern University at Shreveport, LA  
Polysomnographic Technology Program  
ATTENTION: Mr. Colton Wiggins  
610 Texas Street/Suite 500  
Shreveport, LA 71101

\*\*\*\* (You may return this to the candidate or deliver personally) \*\*\*\*



## **Notice of Transparency**

**In accordance with our standards and guidelines, we have made the following known to all applicants and students:**

- **The Sponsor's Institutional and Programmatic Accreditation Status as well as the name, mailing address, web site address and phone number of the accrediting agencies**
  - At this time, the Polysomnographic Technology Program is NOT an accredited educational program offering in the field of Polysomnography.
- **Admission Policies and Practices (Including technical standards-when Used)**
  - Please refer to the University Admission Policies on the SUSLA website, and the admission guidelines within this application packet.
- **Policies on Advanced Placement, Transfer of Credits, and credits for Experiential Learning**
  - Refer to the University Catalog regarding Prior Learning & Advanced Placement policies. You can also address any questions to the admissions office of the University.
- **Number of Credits required for completion of the Program**
  - **TOTAL: 62 Credit Hours** (including Prerequisites)
    - Refer to the Program Curriculum on the Polysomnographic Technology web page at [www.susla.edu](http://www.susla.edu)
- **Tuition & Fee's, and other cost required to complete the program**
  - Refer to the University web-page under admission and financial aid for current University Tuition and Fee's.
  - Program Fee's can be found on the Polysomnographic Technology Web-page and in this application packet.
- **Policies and Processes for withdrawal and for refunds of Tuition & Fee's**
  - Students and Applicants may refer to the University web-page under the "Current Students" tab for information on the aforementioned statement. We have also listed some helpful links within this application packet.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





**POLYSOMNOGRAPHIC TECHNOLOGY PROGRAM  
ACCEPTANCE TALLY SHEET**

**A. College Record (55 points maximum)**

**1. College GPA**

\_\_\_\_\_ (GPA of 3.8 – 4.0 = 10 points)

\_\_\_\_\_ (GPA of 3.5 – 3.8 = 8 points)

\_\_\_\_\_ (GPA of 3.0 – 3.5 = 6 points)

\_\_\_\_\_ (GPA of 2.5 – 3.0 = 4 points)

\_\_\_\_\_ (GPA of 2.0 – 2.5 = 2 points)

*(A GPA below 2.0 is NOT eligible for admission to the program)*

**2. Courses Taken - Student must have earned at least “B” to earn points**

\_\_\_\_\_ a. Human Anatomy & Physiology I (5 points)

\_\_\_\_\_ b. Human Anatomy & Physiology II (5 points)

\_\_\_\_\_ c. Freshman English I (5 points)

\_\_\_\_\_ d. College Algebra or higher Mathematics (5 points)

\_\_\_\_\_ e. Medical Terminology (5 Points)

\_\_\_\_\_ f. Humanities Elective (5 Points)

\_\_\_\_\_ g. Behavioral/Social Science (5 Points)

**3. Multiple Degrees**

\_\_\_\_\_ Associates Degree (5 points)

\_\_\_\_\_ Bachelors Degree or Higher (10 points)

**B. Admission Assessment Exam (10 points maximum)**

\_\_\_\_\_ Score of 80 and above (10 points)

\_\_\_\_\_ Score of 70 – 79 (8 points)

\_\_\_\_\_ Score of 60 – 69 (6 points)

\_\_\_\_\_ Score of 50 – 59 (5 points)

**C. Non-Academic Criteria (45 points maximum)**

\_\_\_\_\_ Negative Background Check & Drug Screen (5 points)

\_\_\_\_\_ Reference Letters (5 points)

\_\_\_\_\_ Pre- Admission Orientation (5 points)

\_\_\_\_\_ Interview (30 points)

TOTAL \_\_\_\_\_ (110 Points Possible)

# Student Resources and Other Information

## University Specific Tuition and Fees

Please refer to the University website for the latest information on tuition rates and university associated fees that are not program specific: [Tuition & Fees | Southern University Shreveport Louisiana \(susla.edu\)](#). Currently the tuition rate is \$2,340.50 for a full-time student (12 Credit Hours).

## Withdrawal Process

Although we do not want to see any of our JAGUARS leave the pack, it is imperative to us that we let you know ahead time of the process of withdrawing a course at SUSLA. Click here for more information: [Registrars-Cancellation-and-Withdrawals-FAQs.pdf \(susla.edu\)](#)

## Registrars Frequently Asked Questions

Navigating a universities website can sometime be confusing and frustrating for students (Current and potential) alike. With this in mind, Our Registrar and Admissions office have developed a wonderful resource that contains Frequently Asked Questions (FAQs). Please go check out this page here: [Registrars-Cancellation-and-Withdrawals-FAQs.pdf \(susla.edu\)](#) to hopefully get the answer(s) you need, when you need them.

## Scholarships

We are always seeking for ways to help students fund their pursuit towards obtaining a higher education. Although we currently do not have any program specific scholarships, we want to make sure our students are aware of any scholarship listed on the university's website. Please refer to this link for up to date scholarship information: [Scholarships | Southern University Shreveport Louisiana \(susla.edu\)](#)

## Additional Information

Once you are enrolled, there is some great resources to help make your time at SUSLA as stress free and educationally stimulating as possible. Please go to the "Current Students" tab on the SUSLA website for several important links that will support your educational career. There are several sections within this page including; Academic, Paying Tuition, Technology, Campus Essentials, Get Involved and Be Safe. Click here for more specific information: [Current Students | Southern University Shreveport Louisiana \(susla.edu\)](#)

# References and Website Links

- [Polysomnographic technologist \(bls.gov\)](https://www.bls.gov/occupations/sleep-technologists.htm)
- [Sleep \(Polysomnographic\) Technologist Job Description - AAST \(aastweb.org\)](https://www.aastweb.org/employment/sleep-technologist-job-description)
- [Sleep Technologist Scope of Practice | AAST \(aastweb.org\)](https://www.aastweb.org/employment/sleep-technologist-scope-of-practice)
- <https://aasm.org/>
- [Southern University Shreveport Louisiana \(susla.edu\)](https://www.susla.edu/)

## *Contact Information*

Contact Mr. Colton D. Wiggins at [colton.wiggins@susla.edu](mailto:colton.wiggins@susla.edu) or 318-670-9620 for more information regarding the PSG Technology Program.

**“Your Future  
depends on your  
dreams, so go to  
sleep”**  
– **Mesut Barazany**