



SOUTHERN UNIVERSITY AT SHREVEPORT
POLYSOMNOGRAPHY TECHNOLOGY

STUDENT APPLICATION



STUDENT APPLICATION

DIRECTIONS: Read through & fill out the remaining pages of this application packet. Once complete, either email or mail your application to the program director. Use Pages 17 & 18, Getting Started & Applying for the program sections of the Program Admission Application Checklist to ensure you complete all necessary steps.

If mailing, send to:

Attention: Mr. Colton Wiggins
Polysomnographic Technology Program
610 Texas Street, Suite 500 D
Shreveport, LA 71101

To submit electronically:

Submit your application electronically to colton.wiggins@susla.edu (*Preferred Method*)

Upon completion of the application process, applicants will be notified by e-mail of their acceptance or non-acceptance in the program no later than **(2) weeks before program orientation**. Unless the application is received during this time. At which the applicant will receive notice as soon as all documents have been reviewed by the program faculty. Sign below to show that you have read and understand the directions given in this application packet.

Signature: _____ Date: _____

Which Semester Are you Applying for?

☐ **FALL** ☐ **SPRING**



PROGRAM INTEREST SESSION ACKNOWLEDGEMENT

All program applicants **MUST** attend a Program Interest session prior to starting the program. The information will be sent out to all applicants once their application has been received by the Program Director.

Session Format: Virtual (Typically using Zoom)

Topics to be Covered:

- Role of a Polysomnographic Technologist
- Program Overview
- Expectations of Students
- Clinical Courses Preview
- Questions & Answers

By Signing this form, I, _____ understand the purpose of attending a program interest session prior to starting the Polysomnographic Technology Program.

Signature of Applicant

Date

Signature of Faculty

Date

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 and the title is Admission Assessment Exam Review, 4th 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 PROGRAM ORIENTATION FORM

All applicants accepted into the program **MUST** attend the Program orientation session held during the 1st week of the starting semester. **Failure to attend will result in your acceptance into the program to be revoked. Unless ample notice & reason for your absence is given to the program director, in writing, 24 hours or more in advance.**

Information Covered:

The Program Handbook

1st Semester Highlights

Course Pacing Guide

Q & A

I, _____ agree to attend orientation. In addition, I understand that this form will be signed by both myself & a member of the Polysomnographic Technology Program Faculty, and will become a permanent part of your application packet.

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"> • 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	<ul style="list-style-type: none"> • Read and understand columns of writing • Read digital displays • Read graphic printouts • 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.

Initial: _____



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 (Castle Branch, 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, _____, consent to the use & sharing 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 other educational records. I understand that the Polysomnographic Technology Program Faculty & Staff will use this information to set 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) ****



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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	
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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.**
 - The Polysomnography Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) by recommendation of the Committee on Accreditation for Polysomnographic Technologist Education (CoAPSG). For contact information, visit: <https://www.susla.edu/page/polysomnographic-technology-program-accreditation>
- **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.
- **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: _____