

Summary Information Regarding Polysomnography Related Respiratory Care Permit in Idaho

The following responds to commonly asked questions. It does not detail all requirements, regulations and policies regarding polysomnography related respiratory care permit.

GENERAL REQUIREMENTS

- Applicant must be no less than 18 years of age.
- Be a high school graduate or have passed a general education development (GED) examination and earned a GED certificate.
- Be currently certified in cardiopulmonary resuscitation (CPR)
- A completed application is required on forms provided by the Board. Substitute documentation will not be accepted.
- The Board, at its discretion, may require the applicant to appear for a personal interview.
- Please type or print in ink. Applications must be legible. If additional space is required, attach separate sheets. Unless otherwise noted, all forms must be completed in accordance with instructions.

REGISTERED TECHNOLOGIST PERMIT

- Completed application, with fee paid.
- Document of successful completion of BRPT examination.
- Documentation of a valid, current registration/license/permit in a state with standards considered to be equivalent to those of Idaho.
- Practice must be in association with and under the supervision of an active Idaho licensed physician.
- Annual renewal of permit required.

TECHNICIAN PERMIT OR TRAINEE TEMPORARY PERMIT

- Completed application, with fee paid.
- Practice must be in association with and under the supervision of a polysomnography technologist or technician with an active Idaho permit, permanent licensed respiratory care practitioner, and/or physician.
- An applicant for a polysomnographic technician permit must provide evidence of the successful completion of a minimum of seven hundred twenty (720) hours of experience as a polysomnographic trainee with documented proficiency in polysomnography related respiratory care services.

- An applicant for a polysomnographic trainee permit must provide evidence of the successful completion of a minimum of seven hundred twenty (720) hours of experience as a paid employee or contractor in a health care related field; they are currently enrolled in a polysomnography program associated with a state licensed or a nationally accredited education facility; or they have successfully completed twenty-four (24) semester credit hours (or a quarter hour system equivalent of the same) of postsecondary education at a state licensed or nationally accredited facility.
- Polysomnographic technician and trainee permit shall be issued for a period of 1 year and shall be renewed annually.
- Permits for PSG technicians can be renewed no more than 3 times.
- Permits for PSG trainees can be renewed once.

FEES

PSG Technologist/Technician/Trainee:

- Initial permit.....\$80.00
 - Temporary Permit40.00
 - Annual Renewal.....40.00
 - Reinstatement.....35.00+
- (\$40.00 annual renewal fee for each year not licensed.)
- **Fees are nonrefundable.**

APPLICATION FORMS

- **Form 1 – Certification of Professional Education:** This form is to be forwarded to the appropriate educational institution for completion and returned directly to the Board office.
- **Form #2 – Verification of Training:** After completing the identifying information, forward to the appropriate director/supervisor. The form is to be returned to the Idaho Board of Medicine by the person completing the form.
- **Form #3 – Request for Verification of BRPT Registration:** Complete the identifying information, forward to the Board of Registered Polysomnographic Technologists. Contact the BRPT regarding fee requirements.
- **Form #4/5 – Certificate of Recommendation:** Applicants will need to make a copy of this form. Two certificates of recommendation are required. Complete the identifying information at the top of the page and send to person(s) completing the form. Forms are to be returned to the Board of Medicine by the person completing the form.
- **Form #6 – Verification of Registration/Licensure/Permit:** To be completed only if current/past registration/licensure/permit has been held in other states or jurisdictions. Complete identifying information at the top of the form, forward to appropriate state agency where registration/licensure/permit has been held. Agency is to complete form and send to the Idaho State Board of Medicine. Duplicate form if additional forms are needed.
- **Form #7 – Supervisor Affidavit:** To be completed, signed and returned by the licensed individual responsible for supervision of the applicant. Only trainees need to have this form completed.

Name changes require documentation.

No practice is permitted prior to issuance of a permit number.

Applicants are advised not to enter irrevocable contracts, purchase or sales agreements, on the assumption that permit will be granted.