**PROGRAM PROPOSAL APPLICATION FORM FOR PROGRAMS LEADING TO LICENSURE IN POLYSOMNOGRAPHIC TECHNOLOGY**

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| **Instructions:**   * **Please complete this form for a new or existing program.** * Public institutions should use the appropriate SUNY/CUNY proposal submission forms and submit the proposal to the Central Administration of SUNY/CUNY. **This form should be submitted with the SUNY/CUNY forms.** * Submit the application **electronically** to[**opprogs@nysed.gov**](mailto:opprogs@mail.nysed.gov) **AND** mail one **hard copy** to the following address: Professional Education Program Review, Office of the Professions  2nd Floor, West Wing, EB, New York State Education Department   89 Washington Avenue  Albany, NY 12234 |

**SECTION I. GENERAL INFORMATION**

**A**. Name of institution:

Specify campus where program will be offered, if other than the main campus:

**B**. CEO or designee

Name and title:

Signature and date:

The signature of the institutional representative indicates the institution's commitment to support the proposed program.

**C**. Contact person, if different

Name and title:

Telephone:

Fax:

E-mail:

**D.** Please indicate whether this is a new or existing program: \_\_\_New \_\_\_Existing Program

**E.** Proposed program title:

**F.** Current program title (if applicable):

**G.** Current/Proposed degree award:

**H.** Current/Proposed HEGIS code:

**I.** SED Program Code of current program (if applicable):

**J.** If the program would be offered jointly with another institution, identify the institution/branch below and attach a letter of agreement signed by that institution's CEO:

**SECTION II. PROGRAM INFORMATION**

**A.** If the program has sought or will seek specialized accreditation, indicate

Accrediting Group:

Date Accredited or Expected Date of Accreditation:

**B.** Anticipated maximum enrollment for new programs:

1st yr:\_\_\_\_\_ 2nd yr:\_\_\_\_\_ 3rd yr:\_\_\_\_\_ 4th yr:\_\_\_\_\_ 5th yr:\_\_\_\_\_

**C.** Check all program scheduling and format features that apply: (See [definitions](http://www.nysed.gov/college-university-evaluation/format-definitions))

i) **Format**: Day Evening Weekend Evening/Weekend Not Full-Time

ii) **Mode**: Standard Independent Study External Accelerated

\_\_Distance Education (submit [distance education application](http://www.nysed.gov/common/nysed/files/het-de-app.docx) with this proposal)

iii) **Other**: Bilingual Language Other Than English Upper Division Program

**D.** **Program Requirements**: Provide a list of the program requirements as they will appear in the catalog. Be sure to distinguish between required and elective courses.

**E.** **Program Outline**: Provide a sample program, by year and session, illustrating how program and degree requirements can be satisfied.

**F. Only applicable to new programs:** Provide information on admission and retention standards and resources available to support the program.

**SECTION III. CURRICULUM.   
  
A. Didactic Coursework.** Please use the content chart to indicate how the proposed program meets the content requirements. Submit a **Course Syllabus** or outline for each listed course as well as a **Curriculum Vitae** for each instructor. Please note:

* An associate degree program in polysomnographic technology shall contain at least 60 semester hours, or the equivalent, including a minimum of 30 semester hours in professional polysomnographic technology coursework, or the equivalent, and additional semester hours in appropriate related basic sciences and clinical sciences related to polysomnographic technology.
* A baccalaureate degree program in polysomnographic technology shall contain a minimum of 40 semester hours of professional polysomnographic technology coursework, or the equivalent, and additional semester hours in appropriate related basic sciences and clinical sciences related to polysomnographic technology.

**B. Supervised Clinical Experience.** The required semester hours in professional polysomnographic technology content areas shall include supervised clinical experience.

1. Please describe the hours and structure of the clinical experience and how the clinical experience is supervised and evaluated.
2. Please provide a sample of the written contract or agreement between the educational institution conducting the polysomnographic technology program and the clinical facility or agency which is designated to cooperate in providing the clinical experience. Such contract or agreement shall set forth the responsibilities of each party and shall be signed by the responsible officer of each party. **The record of the agreements with all the clinical facilities or agencies shall be made available upon Request.**

**Content Chart for Programs Leading to Licensure in Polysomnographic Technology**

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| --- | --- | --- | --- | --- | --- |
| **Content Requirements** | **Course(s) Number and Title Meeting the Content Area Requirements** | **Credits** | **Required or Elective** | **Name of Instructors** | **Indicate Faculty Status (Full or Part Time)** |
| 1. **Professional Polysomnographic Technology Coursework** (at least 30 semester hours for an associate degree; at least 40 semester hours for a baccalaureate degree) | | | | | |
| 1. Polysomnographic procedures and protocols |  |  |  |  |  |
| 1. Cardiopulmonary and neurological sciences, diagnostics, interpretation, and monitoring related to sleep disorders |  |  |  |  |  |
| 1. Ethics of polysomnographic care |  |  |  |  |  |
| 1. Infection control |  |  |  |  |  |
| 1. Polysomnographic patient care and patient education related to sleep disorders |  |  |  |  |  |
| 1. **Related Basic Sciences and Clinical Sciences Coursework** |  |  |  |  |  |

**Note: Submit a Course Syllabus or outline for each listed course as well as a Curriculum Vitae for each instructor.**