

**School of Health Technology and Management**  
**Sleep Technology Training Course Registration Form**  
**Phone: (631) 444-6654                      Fax: (631) 444-8821**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ AARC #: \_\_\_\_\_

I plan to attend the following modules (select each one you plan on attending):

**SPRING 2009 Level 2 – Stony Brook HSC campus, Stony Brook, NY**

- |  |  |
|--|--|
| <input type="checkbox"/> Introduction to Polysomnography         | 2/21 – 2/22 ( <b>Registration Deadline – 2/6</b> )*  |
| <input type="checkbox"/> Advanced Polysomnography                | 3/7 – 3/8 ( <b>Registration Deadline – 2/20</b> )*   |
| <input type="checkbox"/> Polysomnography Exam Review Course      | 3/14 – 3/15 ( <b>Registration Deadline – 2/27</b> )* |
| <input type="checkbox"/> Introduction to Polysomnography Scoring | 4/4 – 4/5 ( <b>Registration Deadline – 3/20</b> )*   |
| <input type="checkbox"/> Advanced Polysomnography Scoring        | 4/18 – 4/19 ( <b>Registration Deadline – 4/3</b> )*  |
| <input type="checkbox"/> One Week Polysomnography Course         | 5/4 – 5/8 ( <b>Registration Deadline – 4/20</b> )*   |

**SUMMER 2009 Level 2 – Stony Brook HSC campus, Stony Brook, NY**

- |   |                         |
|---|-------------------------|
| <input type="checkbox"/> Sleep Center & Laboratory Management | <b>*To be announced</b> |
| <input type="checkbox"/> Two Week Polysomnography Course      | <b>*To be announced</b> |

**FALL 2009 Level 2 – Stony Brook HSC campus, Stony Brook, NY**

- |  |                         |
|--|-------------------------|
| <input type="checkbox"/> Introduction to Polysomnography         | <b>*To be announced</b> |
| <input type="checkbox"/> Advanced Polysomnography                | <b>*To be announced</b> |
| <input type="checkbox"/> Polysomnography Exam Review Course      | <b>*To be announced</b> |
| <input type="checkbox"/> Introduction to Polysomnography Scoring | <b>*To be announced</b> |
| <input type="checkbox"/> Advanced Polysomnography Scoring        | <b>*To be announced</b> |

**Fees:**

**\$495 per weekend course**  
**\$1195 per 1 week course**  
**\$2250 per two week course**

**\*\* Special rates apply for 3 or more individuals paying as a group. A discount \*\***  
**\*\* of \$25 per individual will be deducted from the fee.\*\***

I have read and understood all requirements, and documentation as listed:

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

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**General Registration Information:**

All candidates must meet the following minimum requirements and provide documentation with the registration:

1. 18 years of age or older.
2. Associates degree or higher, or equivalent, or minimum of 2 years work experience in a related health field (RN, LPN, Nursing Assistant, EEG, EKG, X-ray technologist, OR assistant, etc).
3. The course administrator must approve all candidates for registration prior to application processing.

**PLEASE NOTE:**

- Class size is limited to 20 students, so early registration is advised (first come, first served).
- Registration cannot be processed unless full fee is received. Students will not be allowed to attend class unless payment has cleared.
- Stony Brook University reserves the right to limit registration and cancel any course with insufficient registration.
- Remit registration fee with registration form to reserve a seat in the course by the posted deadline.
- Written requests for withdrawal from the course must be postmarked no later than the course registration deadline. No refunds will be issued later than the course registration deadline. A \$100 processing fee will be withheld for any cancellations.
- Fees include tuition, all lab materials, and comprehensive resource notebook. Lunch is not included.
- Make bank certified check (money order) payable to “Polysomnography Program - 910032”
- If paying by credit card (VISA/MC/Amex), please contact Fay Wright at (631) 444-3180 for more instructions.
- ***Parking is available and is included with the course fee at the Stony Brook HSC campus only. Parking fees in Manhattan vary and are not included.***

Print and send the completed registration form together with the registration fee to:

Sleep Technologist Courses  
Respiratory Care Program  
School of Health Technology and Management  
HSC, Level 2, Room 414A  
Stony Brook, New York 11794-8203  
**Fax: (631) 444-8821**

Contact E-mail: [Russell.Rozenky@stonybrook.edu](mailto:Russell.Rozenky@stonybrook.edu)

Stony Brook University is an Equal Opportunity and Affirmative Action Educator and Employer.

If you need disability-related accommodation, please contact Fay Wright at (631) 444-3180.

This publication can be made in alternative format upon request.