

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 2008 Level 2 – Stony Brook HSC campus, Stony Brook, NY

Polysomnography Exam Review Course	3/8–3/9 (Registration Deadline – 2/22)*
Introduction to Polysomnography	3/29–3/30 (Registration Deadline – 3/14)*
Advanced Polysomnography	4/12–4/13 (Registration Deadline – 3/28)*
Introduction to Polysomnography Scoring	4/26–4/27 (Registration Deadline – 4/11)*
One Week Polysomnography Course	5/5–5/9 (Registration Deadline – 4/18)*

SUMMER 2008 Level 2 – Stony Brook HSC campus, Stony Brook, NY

Sleep Center & Laboratory Management	6/28–6/29 (Registration Deadline – 6/13)*
<input type="checkbox"/> Two Week Polysomnography Course	7/7–7/11, 7/14–7/18 (Registration Deadline – 6/20)*

FALL 2008 Level 2 – Stony Brook HSC campus, Stony Brook, NY

<input type="checkbox"/> Introduction to Polysomnography	To Be Announced*
<input type="checkbox"/> Advanced Polysomnography	To Be Announced*
<input type="checkbox"/> Introduction to Polysomnography Scoring	To Be Announced*
<input type="checkbox"/> Advanced Polysomnography Scoring	To Be Announced*
<input type="checkbox"/> One Week Polysomnography Course	To Be Announced*

Fees:

\$595 per weekend course (\$550 for SB SHTM Alumni)

\$1495 per 1 week course (\$1400 for SB SHTM Alumni)

\$2795 per 2 week course (\$2600 for SB SHTM Alumni)

* Alumni must submit proof of current Alumni status

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

Signature: _____ Date: _____

General Registration Information:

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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 “SHTM Sleep Course – 900011”
- 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 449
Stony Brook, New York 11794-8203
Fax: (631) 444-8821

Contact E-mail: Russell.Rozensky@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.