



Application for the Registration Polysomnographic Program Information & Checklist

MINIMUM REQUIREMENTS

- The Registered Polysomnographic Program registers individuals as polysomnographic trainees, technicians or technologists.

Registered Polysomnographic Trainee: The registration is required for individuals under the direct supervision of a supervising physician and surgeon, polysomnographic technologist or other licensed health care professional who may provide basic supportive services as part of their educational program, including but not limited to gathering and verifying patient information, testing preparation and monitoring, documenting routine observations, data acquisition and scoring, and assisting with appropriate interventions for patient safety in California.

Registered Polysomnographic Technician: The registration is required for individuals who may perform the services of a polysomnographic trainee under general supervision and may implement appropriate interventions necessary for patient safety in California.

Registered Polysomnographic Technologist: The registration is required for individuals who are responsible for the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders in California.

- The Medical Board of California (Board) accepts the following approved polysomnographic education programs:
 - 1) A polysomnographic education program accredited either by the Commission on Accreditation of Allied Health Education Programs ("CAAHEP") or by the Commission on Accreditation for Respiratory Care;
 - 2) A sleep technologist program accredited by the American Academy of Sleep Medicine; or
 - 3) A sleep technologist program approved by the Board of Registered Polysomnographic Technologists.
- The Registered Polysomnographic Technologist Certification Exam (RPSGT) offered by the Board of Registered Polysomnographic Technologists is the only exam approved by the Board for purposes of qualifying a polysomnographic technologist for registration.
- Physicians and surgeons who supervise registrants must hold a valid California license and either:
 - 1) Possess a current certification or subspecialty certification or is eligible for such a certification in sleep medicine by a member board of the American Board of Medical Specialties (AMBS) or the American Board of Sleep Medicine (ABSM); or
 - 2) Hold active staff membership at a sleep center or laboratory accredited by the American Academy of Sleep Medicine or by the Joint Commission.

The supervising physician cannot supervise more than eight (8) polysomnographic technologists at any one time. Moreover, the supervising physician cannot supervise more than a total of eight (8) polysomnographic technicians and/or trainees at any one time. If a supervising physician is not physically present on the premises, a supervising polysomnographic technologist or other licensed healthcare professional (registered nurse, physician assistant or respiratory care practitioner who possesses a current California license) must be physically present on the premises and available to the polysomnographic technician and/or trainee.

A supervising polysomnographic technologist and his or her supervising physician must establish written guidelines for the adequate supervision by the technologist of the polysomnographic technicians and trainees. This requirement may be satisfied by the supervising physician adopting protocols for some or all of the tasks performed by the technicians and trainees. The protocols must be signed and dated by the supervising physician and the polysomnographic technologist. The delegation of procedures to a registrant or other licensed health care professional does not relieve the supervising physician of primary continued responsibility for the welfare of the patient.

MINIMUM REQUIREMENTS *(Continued)*

➤ Trainee applicants:

- Applicants must have either:
 - 1) A high school diploma or GED plus 6 months of supervised direct polysomnographic patient care experience; or
 - 2) Be currently enrolled in an approved polysomnographic education program.
- Applicants must possess, at the time of application, a current certificate in Basic Life Support issued by the American Heart Association or the American Safety and Health Institute.

Note: If an applicant is not enrolled in an approved polysomnographic education program, the applicant must have completed at least six months of supervised direct polysomnographic patient care experience. Applicants must have the Work Experience Verification pages completed by the supervising physician(s) indicating they have completed a minimum of six months of directly supervised patient care experience.

- To meet the postgraduate training requirement, an applicant must have successfully completed a minimum of 36 months of Accreditation Council for Graduate Medical Education (ACGME), Royal College of Physicians and Surgeons of Canada (RCPSC) and/or The College of Family Physicians of Canada (CFPC) accredited postgraduate training (ACGME approved training must be completed in the United States or its territories, and RCPSC approved training must be completed in Canada) that includes at least four months of postgraduate training in general medicine. The three years of postgraduate training must consist of at least 24-continuous months of training within the same program.

An applicant who has completed at least 36 months of board-approved postgraduate training, not less than 24 months of which was completed as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA) or approved by the board, shall be eligible for licensure.

➤ Technician applicants:

- Applicants must have successfully completed an approved polysomnographic education program. Applicants must submit a copy of the transcript and certificate of completion;
- Applicants must possess a minimum of 6 months of experience as a Registered Polysomnographic Trainee; and
- Applicants must possess, at the time of application, a current certificate in Basic Life Support issued by the American Heart Association or the American Safety and Health Institute.

Note: Applicants must have the Work Experience Verification pages completed by the supervising physician(s) indicating they have completed a minimum of six months experience at a level of a polysomnographic trainee.

➤ Technologist applicants:

- Applicants must have valid, current credentials as a polysomnographic technologist issued by the Board of Registered Polysomnographic Technologists (BRPT). The certificate is issued by BRPT once an applicant has taken and passed the Registered Polysomnographic Technologist Exam (RPSGT); and
- Applicants must have graduated from a polysomnographic educational program approved by the Board. Applicants must submit a copy of their transcript and certificate of completion.
- Applicants must possess, at the time of application, a current certificate in Basic Life Support issued by the American Heart Association or the American Safety and Health Institute.

Note: Registration is not required for California licensed allied health professionals, including, but not limited to, respiratory care practitioners, working within the scope of practice of their license.

GENERAL INFORMATION

Applicants are personally responsible for all information disclosed on the Application, Forms PST1A-PST1E, including any responses that may have been completed on their behalf by others. An application may be denied based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Medical Board of California considers violations of an ethical nature to be a serious breach of professional conduct.

- **Grounds for Denial:** Each applicant's credentials for registration in California are reviewed on an individual basis. The Board has the authority to deny registration based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of another state license, or inability to practice safely.
- **Priority Review and Expedited Registration:**

Honorably Discharged Veterans of the United States Armed Forces

The Medical Board of California (Board) is required to expedite the registration process if you have served as active duty members of the Armed Forces of the United States and were honorably discharged. ([Business and Professions Code \(BPC\) section 115.4](#))

For an applicant's license to be expedited, the applicant must:

- Submit his or her official orders issued by the Armed Forces of the United States indicating that he or she has been, or will be, honorably discharged.

Spouse or Domestic Partner of an Active Duty Member of the United States Armed Forces

The Board is required to expedite the registration/registration process for spouses and domestic partners of those on active duty in the United States Armed Forces who is assigned to a duty station in California under official active duty military orders. ([BPC section 115.5](#))

For an applicant's license to be expedited, the applicant must:

- Submit evidence that they are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official orders, and;
- Hold a current license/registration in another state, district or territory of the United States in the profession or vocation for which the applicant is seeking a license/registration.

Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

BPC section 135.4 provides that the Board must expedite, and may assist, the initial registration process for certain applicants described below. To have the application expedited, one of the following statements must apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Satisfactory evidence must be provided in order to expedite your application. Failure to do so may result in application review delays. The following may be accepted as satisfactory evidence:

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited registration.

GENERAL INFORMATION *(Continued)*

- **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The Request for Live Scan Service form may be obtained from the Board's website. Please refer to the following website for Live Scan facilities in California: <https://oag.ca.gov/fingerprints/locations>.

Applicants residing outside California must submit two completed fingerprint cards or if visiting California, you may have your fingerprints completed electronically at a California Live Scan facility.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a polysomnographic registration.

- **SSN/ITIN:** Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to the issuance of a license. Section 30 of the Business and Professions Code authorizes collection of an SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

- **NotaryCam:** NotaryCam is a company that provides an online notary service that is valid in California and may be used on the Board's application forms. *The Board does not mandate the use of this online service.* The Board is providing this information as a convenience to applicants. Applicants may obtain further information regarding this online notary service at <https://www.notarycam.com/>.

APPLICATION CHECKLIST

Listed below are the minimum application and supporting materials required for a polysomnographic registration. This list is not all-inclusive as additional items may be necessary based on responses provided on the Board's application or information obtained from other entities.

- | | |
|---|--|
| <input type="checkbox"/> Application For Polysomnographic Registration, Forms PST1A - PST1E | Complete all fields, answer all questions, and have the application notarized. All five pages must be submitted together. |
| <hr/> | |
| <input type="checkbox"/> Application Fee - \$120.00 | A \$120.00 Application Processing Fee made payable to the Medical Board of California is required. |
| <hr/> | |
| <input type="checkbox"/> Registration Fee | <p>A \$120.00 registration fee made payable to the Medical Board of California is required before a registration can be issued.</p> <p>Note: If an applicant is submitting an application by mail, they may elect to pay the registration fee once the application has been approved. If an applicant is applying online, they must pay both the application fee and the registration fee at the time of submission.</p> |
| <hr/> | |
| <input type="checkbox"/> Fingerprints:
Live Scan Form (CA Only)
- OR -
Two (2) Fingerprint Cards | <p>Applicants who reside in California must complete the electronic Live Scan fingerprint process. They will need to use the Request for Live Scan Service form that may be obtained from the Board's website. Mail a copy of the completed form with the Application.</p> <p>Applicants residing outside of California must submit two completed fingerprint cards or have fingerprints completed at a California Live Scan facility. Fingerprint cards will be mailed once the Board receives an application and appropriate processing fees. <u>All personal data must be completed on the fingerprint cards or the cards will be returned for completion.</u></p> <p><i>Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a polysomnographic registration.</i></p> |

APPLICATION CHECKLIST *(Continued)*

<input type="checkbox"/> Certifications and Examinations	<p>Provide copies of the acquired certifications and examinations.</p> <ul style="list-style-type: none">• A-Step• Certified Polysomnographic Technologist Certification Exam (CPSGT)• Registered Polysomnographic Technologist Certification Exam (RPSGT)• Other Board-approved examinations and/or certificates
<input type="checkbox"/> Verification of Basic Life Support (BLS)	<p>Letter from the American Safety and Health Institute or the American Heart Association's Training Center Coordinator stating that applicants have successfully completed the BLS requirement. This must be on the training center's letterhead signed by the coordinator.</p>
<input type="checkbox"/> Transcripts (if applicable)	<p>Copy of official transcript from approved polysomnographic education program.</p>
<input type="checkbox"/> License Verifications (if applicable)	<p>License verification is required from <u>each</u> state or Canadian province in which a Polysomnographic license, registration, or authorization has been held. <i>The official license verification must be sent directly from the licensing authority to the Board.</i></p>



Medical Board of California

Application for the Registration Polysomnographic Program

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

MBC USE ONLY

TYPE OF APPLICATION/REGISTRATION

Application Type (Check One)

☐ **Initial Application** ☐ **Upgrade Application** (If registered with the Board as a Trainee or Technician)

I am applying for registration as a (Check One)

☐ **Technologist** ☐ **Technician** ☐ **Trainee**

PRIORITY REVIEW AND EXPEDITED LICENSURE

Satisfactory evidence must be provided with your application. See License Information & Checklist for details.

☐ **Honorably Discharged Veterans of the United States Armed Forces**
☐ **Temporary License for Spouse of Active Duty Member of the United States Armed Forces**
☐ **Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status**

Priority
Review
☐

PERSONAL INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Legal
Name
☐

Other Names/Alias

Date Of Birth

DOB
☐

SSN/ITIN
☐

☐ **Social Security Number or**
☐ **Individual Taxpayer Identification Number**

Gender ☐ **Female**
☐ **Male**
☐ **Non-Binary**

Gender
☐

Telephone Numbers (Include area code)

Primary	Cell	Work
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone
☐

Email Address (Required)

Email
☐

Address Of Record

This address will be used for all current correspondence during the review process and will be posted on the Board's website upon issuance of a license. If you are using a P.O. Box, you are also required to list a confidential street address.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AOR
☐

Confidential Address

Only required if Address of Record is a P.O. Box

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Conf.
Address
☐

1. Are you a registered sex offender? ☐ Yes ☐ No
2. Have you served or are you currently serving in the military? ☐ Yes ☐ No
3. Are you requesting expediting of this application as a spouse or domestic partner of an active duty member of the Armed Forces? ☐ Yes ☐ No

Sex
Offender
☐

Military
☐

MBC CASHING USE ONLY

Date:

Receipt #:

Fee Paid: \$

Entity No:

Form **PST1A**

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

PREVIOUS APPLICATION OR REGISTRATION

MBC USE ONLY

4. Have you ever filed an Application for Polysomnography Registration in California?

☐ Yes ☐ No

If yes, please provide the registration number:

Expired:

Previously Registered

5. Are you a high school graduate?

☐ Yes ☐ No

If yes, please provide your Date of Graduation:

High School Grad

6. If you are not a high school graduate, did you pass the General Educational Development Test (GED)?

☐ Yes ☐ No

If yes, please provide the date of your GED Certificate:

GED

List all polysomnographic educational programs you have attended or are currently attending.

Program Name	City/State	Dates of Attendance
		Start Date (mm/dd/yyyy)
Degree Awarded		End Date (mm/dd/yyyy)

Program Name	City/State	Dates of Attendance
		Start Date (mm/dd/yyyy)
Degree Awarded		End Date (mm/dd/yyyy)

Program Name	City/State	Dates of Attendance
		Start Date (mm/dd/yyyy)
Degree Awarded		End Date (mm/dd/yyyy)

Program Name	City/State	Dates of Attendance
		Start Date (mm/dd/yyyy)
Degree Awarded		End Date (mm/dd/yyyy)

Program Name	City/State	Dates of Attendance
		Start Date (mm/dd/yyyy)
Degree Awarded		End Date (mm/dd/yyyy)

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

EXAMINATIONS or CERTIFICATIONS

MBC USE ONLY

List all examinations successfully completed and all certifications held: CPSGT, RPSGT, A-Step, Basic Life Support, or other Board-approved examinations and/or certifications.

Note: Please provide copies of the acquired certifications and examinations successfully completed and include them with your application.

Examination or Certification	Date	Result	Examination Certification
	(mm/dd/yyyy)		<input type="radio"/>
Examination or Certification	Date	Result	Examination Certification
	(mm/dd/yyyy)		<input type="radio"/>
Examination or Certification	Date	Result	Examination Certification
	(mm/dd/yyyy)		<input type="radio"/>
Examination or Certification	Date	Result	Examination Certification
	(mm/dd/yyyy)		<input type="radio"/>

REGISTRATION or LICENSURE

7. Have you ever been licensed, registered or authorized to practice polysomnography or other healing art(s) in another state/country?

☐ Yes ☐ No

If yes, list all registrations or licensures:

State or Country	License Number	Date of Issuance	Date of Expiration	Registration Licensure
		(mm/dd/yyyy)	(mm/dd/yyyy)	<input type="radio"/>
State or Country	License Number	Date of Issuance	Date of Expiration	Registration Licensure
		(mm/dd/yyyy)	(mm/dd/yyyy)	<input type="radio"/>
State or Country	License Number	Date of Issuance	Date of Expiration	Registration Licensure
		(mm/dd/yyyy)	(mm/dd/yyyy)	<input type="radio"/>
State or Country	License Number	Date of Issuance	Date of Expiration	Registration Licensure
		(mm/dd/yyyy)	(mm/dd/yyyy)	<input type="radio"/>

Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

DISCIPLINARY HISTORY

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These questions refer to discipline by any hospital, military or public health service, state board, or other governmental agency of any U.S. state, U.S. territory, Canadian province, or foreign country. If in doubt as to whether discipline should be disclosed, it is best to disclose the information on the application.

Disciplinary
History

- | | | |
|--|--|-----------------------|
| 8. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts by any other licensing jurisdiction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |
| 9. Have you ever had any license, registration or authorization to practice polysomnography subjected to any disciplinary action? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |
| 10. Is any disciplinary action pending against any of your licenses, registrations or authorizations to practice polysomnography? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |
| 11. Have you ever surrendered a license, registration or authorization to practice polysomnography? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |
| 12. Have you ever been denied a license, registration or authorization to practice polysomnography or any other healing art in this or any other state, or is any such action pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |
| 13. Have you ever had any healing arts license, registration or authorization disciplined by another state or federal territory or is any action pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |

EXPLANATION(S)

For any "Yes" response relating to Disciplinary History questions 8-13 above, please provide an explanation in the space below. If the space provided is not adequate, attach additional sheets of paper for your responses.

PRACTICE IMPAIRMENT OR LIMITATIONS

Important: The Board recognizes that healthcare providers encounter health conditions, including those involving physical, mental, and substance use disorders, just as their patients and clients do. In addition to providing care for others, the Board encourages and expects its licensees to also seek care for their own health needs and recognizes that doing so is critical to consumer safety and helps sustain California's healthcare workforce.

An affirmative answer to the question below will require the Board to make an individualized assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether you are eligible for registration.

A "yes" response to question 14 requires a signed and dated written explanation. The Explanation for Application Question ([Form EXP](#)) may be used to provide your explanation.

- | | | |
|---|--|-----------------------|
| 14. Are you currently suffering from any condition that impairs your judgment or otherwise adversely affects your ability to practice polysomnography safely, that is, in a competent, ethical, and professional manner? You may answer "No" if you have any condition which does not impair your ability to practice polysomnography safely or if you are receiving appropriate treatment for a condition, and due to that treatment, the condition does not impair your ability to practice polysomnography safely. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="radio"/> |
|---|--|-----------------------|

Form **PST1D**

PHOTOGRAPH AND NOTICE

MBC USE ONLY

Affix a 2" by 2" photo here.

Photo must be recent and must be of your head and shoulder areas only.

Altered photos are NOT acceptable.

Notice: All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to verify and identify the applicant per Section 118 and 2081 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, or other governmental law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act.

Reviewed
RIA-RIF

Staff Initials
& Date

Photo

DECLARATION

Full Legal Name (First, Middle, Last, Suffix)

Date of Birth (mm/dd/yyyy)

The applicant,

being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and were procured without fraud or misrepresentation or any mistake of which I am aware. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), or business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by that Board necessary to determine competence, professional conduct, or physical or mental ability to safely engage in the practice of polysomnography. I further authorize the Medical Board of California or its successors to release, in any investigation or proceeding, to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

Applicant
Name & DOB

Applicant
Signature
& Date

SIGN LEGAL NAME: _____ **DATE:** _____

NOTARY SECTION

SIGNATURE OF APPLICANT: _____
(SIGN LEGAL NAME IN THE PRESENCE OF NOTARY)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this

_____ day of _____, 20 _____,

Print Applicant's Legal Name

by,

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SIGNATURE OF NOTARY PUBLIC

(NOTARY SEAL)

Applicant
Signature

Applicant
Name &
Notary Date

Notary
Signature
& Seal

Form **PST1E**



Medical Board of California

Polysomnographic Technologist, Technician or Trainee Work Experience Verification

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

MBC USE ONLY

TYPE OF REGISTRATION

I am applying for registration as a (Check One)

☐ Technologist

☐ Technician

☐ Trainee

APPLICANT INFORMATION

Legal Name

Full Last Name	First Name	Middle Name	Suffix
----------------	------------	-------------	--------

Applicant
Information
○

Address Of Record

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

○

Telephone Numbers (Include area code)

Primary	Cell	Work
---------	------	------

Phone
○

APPLICANT'S AUTHORIZATION

I am applying for registration as a Polysomnographic Technologist, Technician or Trainee in the State of California. The Medical Board of California requires this form to be completed by the supervising physician. I hereby authorize release of all information in your files, favorable or otherwise.

LEGAL NAME (Print or Type)

SIGNATURE

DATE

○

SUPERVISING PHYSICIAN

The Supervising Physician must complete this section, and page two. An original signature and date is required on the second page. Attach additional pages if necessary to provide tasks performed by the applicant.

Supervising Physician

Name	Phone
License Number	State of Licensure

Applicant
Information
○

Phone
○

Facility Name

--

○

Facility Address

Street			
City	State/Province	Zip/Postal Code	Country

○

Form **WEV**



Live Scan Information – Polysomnographic Registration

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

• CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.** Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, Social Security Number or Individual Taxpayer Identification Number, California driver's license number and home address) is provided on *each of the three forms*. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access the website, <https://oag.ca.gov/fingerprints/locations> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that website. **After completing the Live Scan process, applicants must submit ONE of the THREE forms with the Application for a Research Psychoanalyst or Student Research Psychoanalyst Registration to document the scanning of their fingerprints.** The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit two completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards are generally received within six (6) weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the Medical Board of California with your application. For further information about the fingerprint clearance process and time frames, please visit the following website at:

<https://oag.ca.gov/contact/faqs>

Because applicants from the medical professions must be concerned with sanitary issues, they wash and scrub their hands so much that images of their fingerprints are often difficult to read. When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Polysomnographic Registration in California.

NOTE: If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City

State

ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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Date of Birth

Driver's License Number

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REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)