

INTERNATIONAL SLEEP MEDICINE CERTIFICATION INDIVIDUAL APPLICATION

# SECTION I –ExaminationInformation Please attach a passport sizephoto

Date of exam:(mo./day/yr.) / /

Location ofexam:

SleepSociety:

# SECTION II – Applicant Information

FamilyName: \_ GivenName:

Company: Department: Date ofhire(month/year) /

Address:

City: State/Province: Zip /PostalCode: Country:

Telephone \_Mobile: EmailAddress:

PassportNo: Date of birth(mo./day/yr.) / / Nationality:

Gender: ☐M ☐F

**SECTION III – Education and Training Qualifications – Please attach official transcript**

|  |  |  |
| --- | --- | --- |
| Institution | Qualification Obtained | Year |
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# SECTION IV – Membership in Professional and Academic Societies

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| --- | --- | --- |
| Organization | Rank / Title / Position | Month/Year |
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**SECTION V – Employment History – Academic / Clinical**

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| --- | --- | --- | --- |
| Institution | Rank / Title / Position | Start Date | End Date |
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|  |  |  |  |
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**SECTION VI – Postgraduate Sleep Medicine Training**

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| --- | --- | --- | --- |
| Institution | Mentor | Start Date | End Date |
|  |  |  |  |
|  |  |  |  |
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**SECTION VII – Postgraduate Sleep Medicine Practice**

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| --- | --- | --- | --- |
| Institution | Rank / Title / Position | Start Date | End Date |
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**SECTION VIII – Previous Sleep Medicine board Examinations**

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| --- | --- | --- | --- |
| Name of certification exam | Location of exam | Date of exam | outcome |
|  |  |  |  |
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**SECTION IX – Criteria for Eligibility**

**Basic Qualification:** MD/MS degree (Recognized by Medical Council of India) with three years of clinical experience

**Essential Experience:**

* The candidate must have interpreted 100 PSG and 5 MSLT
* Six months experience in an identified sleep center or with a mentor

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Sleep Clinic/lab/Institute/Hospital | No of PSG | No of MSLT | Endorsement by mentor with Official Seal |
|  |  |  |  |
|  |  |  |

**By signing this form, I attest that the information provided is true and accurate.**

Name of the candidate: Date(mo./day/yr.) / /

Signature of the candidate:

**Please submit application form and supporting documents by email to:** [**drhmallick@yahoo.com**](mailto:drhmallick@yahoo.com)

\*An examination fee of Rs. **7500** can be sent either by Demand Draft (in favour of Indian Society for Sleep Research payable at New Delhi) or by NEFT to Indian Society for Sleep Research A/C No. 10874588162, at State Bank of India, Ansari Nagar, New Delhi. IFSC code: SBIN0001536.

**An additional amount US $ 200 is to be paid by credit card to World Sleep Society after approval of your application to get for Log in id and pass word to appear r the on line examination**.