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| **Indian Society for Sleep Research**Application for Accreditation of Sleep facility ( Sleep Clinic/Sleep Testing Laboratory) |
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| 1 | Are you applying accreditation for Sleep Clinic or Sleep Laboratory or both( Please mention) |  |
| 2 | (i)Name of the Sleep Clinic/Laboratory If inside a hospital please specify(ii) Year of Establishment |  |
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| 3 | Postal Address of the facility |  |
| 4 | Tel No (land line)Mobile URL email id |  |
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| 5 | Nearest Landmark for the Sleep facility |  |
| 6 | Name of the owner |  |
| 7 | Name of the Medical Director/Sleep Physician with Academic Qualification and Registration Number |  |
| 8 | Experience/Certification in Sleep Medicine |  |
| 9 | No of Staff in the facility with designation |  |
| 10 | No of Sleep Technician/Technologist with their name, qualification and experience |  |
| 11 | Dimension of the Sleep Laboratory |  |
| 12 | No of PSG beds |  |
| 13 | PSG equipments (Make, No) |  |
| 14 | Types of Sleep Studies undertaken |  |
| 15 | No of Sleep studies/week |  |
| 16 | Staff educational activities undertaken |  |
| 17 | Do you take patient directly for sleep studies? |  |
| 18 | Do you outsource reporting of Sleep Studies? |  |
| 18 | Please provide (i) a photo of signage of your facility (ii) photographs of doctor and sleep technician  |  |