



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

Board of Medical Examiners'
POLYSOMNOGRAPHY PROFESSIONAL STANDARDS COMMITTEE

Letter of Notification

(Must be sent 30 days before providing services and within fifteen days of change in supervising physician)

Check one:

_____ **I am a polysomnographic trainee or student. I am providing the Committee with the following information:**

Name: _____ Social Security # _____

Mailing Address _____

Date of Birth: _____ Home Phone # _____

Licenses, Certificates or Permits you hold in Tennessee: _____

Facility you will be providing sleep-related services: _____

Educational Program or Institution providing supervision: _____

_____ **I am credentialed in one of the health-related fields accepted by the Board of Registered Polysomnographic Technologists and am seeking clinical experience to be eligible to sit for the Board of Registered Polysomnographic Technologists exam:**

Name: _____ Social Security # _____

Mailing Address _____

Date of Birth: _____ Home Phone # _____

Other licenses, certificates, or permits held in Tennessee or any other state: _____

Name and license # of the person providing direct supervision for you: _____

_____ **I am a licensed Respiratory Therapist credentialed by the Board of Registered Polysomnographic Technologists. My supervising physician is:**

Name: _____ TN License Number: _____

Signature

Date

Please mail to: Polysomnography Professional Standards Committee, 665 Mainstream Drive, Nashville, TN 37243.