



MEDICAL BOARD OF CALIFORNIA Licensing Program



POLYSOMNOGRAPHY REGISTRATION APPLICATION

I am applying for registration as a: Technologist Technician Trainee (Check one)

GENERAL INFORMATION

1. Name: Last		First		Middle	
2. Other names you have used: (include maiden name)			3. U.S. Social Security Number:		
4. Date of Birth:		5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		6. E-mail Address (Voluntary):	
7. Public/Mailing Address: (Please note: This information is public. If you are using a Post Office Box, you must provide a confidential street address in box 8.)					
8. Confidential Address: (This information will not be released to the public.)					
9. Telephone Numbers: (Include area code)					
Home:		Work:		Cell:	
Note: Providing cell phone number is voluntary					
10. Have you ever filed an Application for Polysomnography Registration in California? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Previous license number, if any: _____					
EDUCATION-ALL APPLICANTS					
11. Are you a high school graduate?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are not a high school graduate did you receive your GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Graduation/Date Received GED: _____					
Cashiering Only					
Date:	Receipt #	Amount:	Received By:		

FORM: PST – 1A (Revised 8/2013)

Applicant's Name: Last	First	Middle
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12 List all polysomnographic educational programs you have attended or are currently attending

Program Name	City/State	Dates of Attendance	Degree Awarded

EXAMINATION/CERTIFICATION-ALL APPLICANTS

13. List all examinations successfully completed and all certifications held: CPSGT, RPSGT, A-Step, Basic Life Support, or other Board-approved examinations and/or certifications. Please attach copies of the acquired certifications and examinations successfully completed to this application.

Examination/Certification	Date	Result (Pass/Fail)

REGISTRATION/LICENSURE—ALL APPLICANTS

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

Yes No

State or Country	License Number	Date of Issuance	Date of Expiration

Applicant's Name: Last	First	Middle
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APPLICANT'S BACKGROUND INFORMATION

CRIMINAL HISTORY and PREVIOUS LICENSE HISTORY – ALL APPLICANTS

APPLICANT ADVISORY: For any affirmative response to the questions on this page of the application, please provide official documentation regarding the matter, in addition to signed and dated written explanations. If applicable, an applicant shall also provide official hearing/court documents. Applicants are also required to report any matter that is pending or in which the charges have been dropped or expunged.

15. Have you ever been charged with, or been found to have committed unprofessional conduct, incompetence, gross negligence, or repeated negligent acts by any other licensing jurisdiction, surrendered a license with charges pending, or have any disciplinary action ever been filed or taken regarding any healing arts license which you now hold or have ever held, or is any such action pending?

Yes No

16. 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 jurisdiction, or is any such action pending?

Yes No

17. Have you ever been convicted of, or *pled nolo contendere* to ANY offense in any state in the United States or a foreign country?

This includes a citation, infraction, misdemeanor and/or felony, etc. Matters in which you were diverted, deferred, pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you MUST disclose the conviction; you are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt, it is better to disclose the conviction on the application.

For each conviction disclosed, you must submit with the application certified copies of the arresting agency report, certified copies of the court documents, and a signed and dated descriptive explanation of the circumstances surrounding the conviction of disciplinary action (i.e., dates and location of incident and all circumstances surrounding the incident). If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required.

If you answer "NO" to the question but have a previous conviction or plea, your application may be denied or registration revoked for knowingly falsifying this application.

Yes No

PHOTO AREA
PASTE A PASSPORT TYPE PHOTO
HERE.

PHOTO MUST BE RECENT AND MUST
BE OF YOUR HEAD AND SHOULDER
AREAS ONLY WITH A CLEAR VIEW
OF FACE.

ALTERED PHOTOS ARE NOT
ACCEPTABLE.

NOTICE: All ITEMS IN THIS APPLICATION ARE MANDATORY, NONE ARE VOLUNTARY unless specified otherwise. Failure to provide any of the requested information may result in a delay in processing, or the application may be rejected as incomplete. The information provided will be used to verify and identify the applicant per Section 118 and 2081 of the Business & Professions Code. Applicant's have the right to review their application, subject to the provisions of the Information Practices Act. The Chief, Division of Licensing, is the Custodian of Records. Disclosure of your Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is MANDATORY. Section 30 of the Business & Professions Code and Public Law 94 445 (42 USC 405(c)(2)(C) authorizes the collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code Section 17520, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. This application and the information contained therein may be disclosed pursuant to California Public Records Act Request.

APPLICANT DECLARATION, SIGNATURE & NOTARY

State of _____

County of _____

The applicant, _____, being first duly sworn upon his/her oath, disposes and says, that I am the person herein named and subscribing to this application; that I have read the complete application, know the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; were not procured with fraud or misrepresentation or any mistake of which the applicant is aware. Further, I hereby authorize all institutions or organization, my references, 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 required by that Board in connection with this application; or my ability to safely engage in the practice of polysomnography. I further authorize the Medical Board of California or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent registration. I FURTHER UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A REGISTRAION, IF ISSUED.

Signature of Applicant _____

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20 _____
by (applicant's name) _____, personally known to me or
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY SEAL HERE

SIGNATURE OF NOTARY PUBLIC

GENERAL APPLICATION INFORMATION

For technologist applicants: You may satisfy the requirements for registration by submitting the following Work Experience Verification pages, indicating that you have engaged in the practice of polysomnography safely for five years, as verified by your supervising physician(s). You may also submit letters of good standing from any jurisdiction in which you were licensed, registered, or authorized to practice polysomnography.

For technician applicants: Have the following Work Experience Verification pages completed by your supervising physician(s) indicating that you have completed a minimum of six months experience at a level of a polysomnographic trainee.

For trainee applicants: If you are not enrolled in an approved polysomnographic education program, you must have completed at least six months of supervised direct polysomnographic patient care experience. Have the following Work Experience Verification pages completed by your supervising physician(s) indicating that you have completed a minimum of six months of directly supervised patient care experience.

FEES: An application fee of \$100 must be submitted with this application. You may submit the \$100 registration fee with the application. Your registration will not be issued until the registration fee is paid.

FINGERPRINTS: Applicants for registration who reside in California must complete the LiveScan fingerprint process. Please visit www.mbc.ca.gov for more information on fingerprints. **NOTE:** A fingerprint fee of \$51 must be submitted to the Livescan provider. The Livescan provider may also charge you a scanning fee.

CHECKLIST

1. Completed Application Form
2. Completed Verification of Experience Form (as applicable)
3. License Fee of \$100
4. Out of State Applicant's Who Submit Fingerprint Cards Shall Submit the \$51.00 Fee With the Fingerprint Cards

