

## **SLEEP LABORATORY SUPPLEMENTAL APPLICATION**

This application must be completed in conjunction with the CNA Allied Health Care Facilities Common Application.

## **Instructions:**

- Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This
  application and all materials submitted shall be held in confidence.
- All application questions must be fully answered. If a question does not apply, please write "N/A".

■ If	you need more sp	bace, continue on a s	eparate sheet of	your letterhead :	and indicate the o	question number.
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1.	Name of Applicant:						
2.	Is the applicant Accredited?  If Yes, by whom?	☐ Yes ☐ No ——					
3.	Location of Clinic (check all that apply):  ☐ Free Standing ☐ Hospital ☐ University ☐ Other (Describe):						
4.	Do all professionals have a valid CPR certification?	☐ Yes ☐ No					
5.	What is the technician to patient ratio?						
6.	Is at least one technician certified by the Board of Registered Polysomnographic Technologists?	☐ Yes ☐ No					
7.	Is more then one healthcare provider on staff at all times?	☐ Yes ☐ No					
8.	Is there a mechanism to visually monitor and record patients during testing?	☐ Yes ☐ No					
9.	Does the applicant have written policies and procedures for:  ☐ Emergency plan ☐ Each technical procedure ☐ Written plan for periodic monitoring of patient related equipment ☐ Quality assurance						
10.	. Written protocols for   The titration of CPAP   Use of bi-level positive airway pressure						
11.	Does the staff participate in an average of 10 hours per year in CME over a three year period?	☐ Yes ☐ No					
12.	Does the applicant sell durable medical equipment?	☐ Yes ☐ No					
	If yes, describe equipment and receipts:						
	Type of Equipment Receipts						
13.	13. All patients referred by a physician?						
14.	4. Expected number of annual visits this year: Total number of beds at facility:						



## **AUTHORIZATION**

Signature in full	Da					
Name - please print						
Agency Name and Address	Person submitting application	Telephone Number	E-Mail			

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