I. GOALS

The American Board of Sleep Medicine (ABSM) will construct and administer examinations to certify professionals with expertise in Behavioral Sleep Medicine (BSM). The primary purpose of the examination will be to certify the competency of clinicians practicing in this area. Physician sleep specialists have taken either the examination of the ABSM or the multidisciplinary examination of the American Board of Medical Specialties which tests all areas of Sleep Medicine including behavioral aspects. Therefore they do not require an additional examination to demonstrate basic competence in BSM. However, some physician sleep specialists may choose to take the BSM examination to indicate their special interest in this area. The establishment of criteria for individual credentials will also guide how training is structured at the graduate and postgraduate levels.

II. BACKGROUND

As the knowledge base in sleep disorders medicine has broadened, a specialized area has emerged that is referred to as “Behavioral Sleep Medicine.” This term was selected because it: 1) clearly denotes the two fields from which this domain has emerged (Health Psychology/Behavioral Medicine and Sleep Disorders Medicine), 2) suggests that training, clinical practice and research within this arena is behaviorally focused and 3) appropriately implies that the field is open to masters and doctoral level sleep specialists and other health care providers with the relevant training.

DEFINITION: The domain of Behavioral Sleep Medicine (BSM) comprises the behavioral dimension of normal and abnormal sleep mechanisms and the prevention, assessment, and treatment of sleep disorders and associated behavioral and emotional problems through the application of established principles of behavior change.

CERTIFICATION: Persons successfully passing the exam will have met all requirements to receive the BSM certification. Such persons may use the designation “Certified in Behavioral Sleep Medicine-Masters Level (CBSM-ML)” or “Certified in Behavioral Sleep Medicine-Doctoral Level (CBSM-DL)” based on their degree.

Until sufficient accredited training programs are established, certification may be based on alternative tracks based on combined training and experience.

III. ELIGIBILITY REQUIREMENTS FOR THE EXAMINATIONS

BSM certification requires an appropriate educational background, clinical experience, and a passing grade on an examination. This document describes the educational and training credentials necessary to sit for the examination, as well as features of the examination.

A. General Eligibility Requirements
Applicants must have the following:

1. a. A masters degree (e.g., MS, MA, MSW, MSN) or equivalent in a health-related field or
   b. A doctoral degree (e.g., PhD, PsyD) or equivalent in a health-related field. or
   c. An MD or DO degree (or equivalent) AND certification in sleep medicine by either the ABSM or a member board of the American Board of Medical Specialties

2. A currently valid license granted by a state, provincial or federal authority in the United States or Canada to provide health-related clinical services.

3. EITHER completion of an AASM accredited BSM training program (Standard Track) OR Training/experience in the field of BSM consisting of 1,000 hours of supervised clinical training/experience for Masters Level applicants (1. a. above) and 500 hours for Doctoral Level applicants (1. b. above) (Alternate Track). OR (for ABSM and ABMS certified MD/DO or equivalent sleep specialists only) 30 hours of CME in behavioral sleep medicine (or 15 hours in general behavioral medicine and 15 hours in behavioral sleep medicine) (1. c. above) (Sleep Specialist Track)

4. For the standard or alternate tracks, a signed acknowledgment by a supervisor that the above requirements have been met

B. Behavioral Sleep Medicine Training/ Experience (Alternate Track)

This track provides a route to qualification based on training and experience.

*Masters Level* applicants must complete the equivalent of **1,000 hours** of supervised training /experience in behavioral sleep medicine and general behavioral medicine

*Doctoral Level* applicants must complete the equivalent of **500 hours** of supervised training /experience in behavioral sleep medicine and general behavioral medicine

To qualify, this training/experience must be primarily cognitive-behavioral in nature

This training / experience may be obtained through *one or more* of the following routes:

1. Graduate level (masters or doctorate) training programs from accredited institutions of higher learning

2. Post-degree experience under the direct supervision of a clinician certified in Behavioral Sleep Medicine.

3. Post-degree experience in an AASM accredited sleep center. Until a sufficient number of individuals are certified in BSM, this can be obtained under the direct supervision of either a diplomate of the American Board of Sleep Medicine or a physician with certification in Sleep Medicine awarded by one of the member boards of the American Board of Medical Specialties or a PhD psychologist who is a staff member of the sleep center (Such supervisors are strongly
encouraged to obtain additional training in behavioral sleep medicine by attendance at CME courses.)

4. Post-degree experience in general behavioral medicine under direct supervision of a suitably qualified clinician.

*Direct supervision* means that the supervisor takes responsibility for the performance of the candidate, meeting regularly with the supervisee to discuss cases or academic topics for a minimum of one hour a week if the trainee is working full-time in the field. If training/experience is part-time, the frequency of supervision should be appropriately adjusted.

The required hours of BSM/general behavioral medicine training/experience must have taken place within a six (6) year period. No more than 40 hours per week can be counted towards these requirements.

**Required Master’s Level Training/Experience**

1. **Clinical Experience (500 hours)**

   This must be in the provision of clinical service such as direct patient contact, report preparation, supervision, and attending case conferences. Clinical work in BSM can consist of supervised clinical work providing cognitive and/or behavioral assessment, and/or management of sleep disorders. Clinical work in general behavioral medicine can consist of supervised clinical work providing cognitive and/or behavioral treatments for psychiatric disorders (e.g. mood disorders, anxiety disorders), medical disorders (e.g. chronic pain, irritable bowel syndrome), or behavioral change for health-related problems (e.g. weight control, smoking cessation, cardiac rehabilitation).

2. **Didactic Training (graduate level or continuing education courses) (30 hours)**

   This must be obtained in some combination of graduate level courses or continuing education programs that is/are in cognitive behavioral theory, cognitive-behavioral intervention, behavioral medicine, and/or behavioral sleep medicine. **These 30 hours must include a minimum of 10 hours of courses or programs consisting of case studies.** Evidence of training must be provided by copies of graduate-level transcripts and/or continuing education certificates listing the title, sponsor, date, and total credit hours of the course or event. NOTE: The 30 hours refers to contact hours not credit hours (e.g. 30 hours of CEU/CME contact or approximately one graduate level course).

3. **Other Training / Experience (470 hours).**

   This may include various combinations of any of the following options:
   a. further clinical experience
   b. further didactic training (graduate level or continuing education courses, individual lectures, conferences, journal clubs)
   c. research in behavioral sleep medicine or behavioral medicine
   d. technological experience (maximum 75 hours) (conducting nocturnal polysomnograms and multiple sleep latency tests, scoring sleep records).
If applicants choose to split their experience/training between behavioral sleep medicine and general behavioral medicine, at least 500 total hours, 250 hours clinical experience and 15 hours didactic training (graduate level or continuing education courses) must be spent in behavioral sleep medicine.

As an example, note that the requirements can be fulfilled in about one year working 20 hours a week in behavioral sleep medicine in an AASM accredited sleep center under direct supervision as described above in combination with 30 hours of appropriate graduate level or continued education course work.

**Required Doctorate Level Experience**

1. **Clinical Experience (250 hours)**

   This must be in the provision of clinical service such as direct patient contact, report preparation, supervision, and attending case conferences. Clinical work in BSM can consist of supervised clinical work providing cognitive and/or behavioral assessment, treatment and/or management of sleep disorders. Clinical work in general behavioral medicine can consist of supervised clinical work providing cognitive and/or behavioral treatments for psychiatric disorders (e.g. mood disorders, anxiety disorders), medical disorders (e.g. chronic pain, irritable bowel syndrome), or behavioral change for health-related problems (e.g. weight control, smoking cessation, cardiac rehabilitation).

2. **Didactic Training (graduate level or continuing education courses) (30 hours)**

   30 hours of the didactic training must be obtained in some combination of a graduate level course or continuing education programs that is/are in cognitive behavioral theory, cognitive-behavioral intervention, behavioral medicine, and/or behavioral sleep medicine. **These 30 hours must include a minimum of 10 hours of courses or programs consisting of case studies.** Evidence of training must be provided by copies of graduate-level transcripts and/or continuing education certificates listing the title, sponsor, date, and total credit hours of the course or event. **NOTE:** The 30 hours refers to contact hours not credit hours (e.g. 30 hours of CEU/CME contact or approximately one graduate level course).

3. **Other Training/Experience (220 hours)**

   This may include various combinations of any of the following options:
   e. further clinical experience
   f. further didactic training (graduate level or continuing education courses, individual lectures, conferences, journal clubs)
   g. research in behavioral sleep medicine or behavioral medicine
   h. technological experience (**maximum 75 hours**) (conducting nocturnal polysomnograms and multiple sleep latency tests, scoring sleep records.

If applicants choose to split their experience/training between behavioral sleep medicine and general behavioral medicine, at least 250 total hours, 125 hours clinical experience and 15 hours didactic training (graduate level or continuing education courses) must be spent in behavioral sleep medicine.

As an example, note that the requirements can be fulfilled in about 6 months working 20 hours a week in behavioral sleep medicine in an AASM accredited sleep center under direct supervision
as described above in combination with 30 hours of appropriate graduate level or continued education course work.

C. Documentation of the Alternate Route Training / Experience

The applicant must complete and submit the *Training Verification Form(s)* signed by (a) supervisor(s) documenting that the applicant meets the required training / experience in BSM. The applicant must provide sufficient detail to enable the BSM Exam Reviewers to thoroughly and fairly review the applicant’s qualifications. The BSM Exam Reviewers will not assume anything about the applicant’s training or experience that is not fully documented.

In cases in which the supervisor(s) is not available to sign the verification form, a current supervisor may sign the verification form if they are sufficiently satisfied that the applicant has completed the training outlined in the verification form.

D. EXAMINATION

The BSM examination will be different for masters and doctoral candidates (see A. 1. above).

The emphasis for **master’s level** candidates is on clinical aspects including the evaluation of the patient, differential diagnosis of psychopathology and sleep disorders, selection of treatment approach, and details of the application of treatments.

The examination for **doctoral level** candidates will also cover clinical aspects (including more advanced diagnostic assessments and therapeutic techniques) as well as the role of doctoral professionals in the field which include establishing and maintaining standards, teaching in training programs, conducting clinical research, assimilating new knowledge and skills into the BSM domain, and supervising BSM certification candidates.

IV. EXAMINATION ADMINISTRATION

The examination will be administered by the American Board of Sleep Medicine (ABSM). The ABSM will appoint an examination committee consisting of 8 experts in Behavioral Sleep Medicine. These will include 4 experts with an M.D., D.O. or equivalent degree who are board certified in Sleep Medicine by the ABSM or a member board of the American Board of Medical Specialties and 4 experts who have a doctoral degree other than an M.D. or D.O. All members of the examination committee should be certified in Behavioral Sleep medicine. However, for the first 5 years of the examination, recognized experts in the field who are not certified may be appointed if, in the careful consideration of the Board of Directors of the ABSM, they can make significant contributions to the construction and administration of the examinations.

The committee will have the following tasks:

1. Development of competencies required for the Masters and Doctoral level examinations by expanding on the guidelines in this document
2. Construction of the examinations
3. Credentialing of candidates
4. Developing regulations for the administration of the examinations and other circumstances, such as appeals of a negative determination
5. Assessing the examination questions by recognized statistical methods
6. Recommending to the ABSM Board of Directors a pass mark for each examination.
7. Other duties as may be requested by the ABSM Board of Directors