These recommendations concern the development of accredited BSM doctoral, predoctoral internship/residency, and postdoctoral programs. The goal is to develop accredited BSM training programs that provide adequate practicum and didactic preparation and lead to competent practice in the specialty area of BSM as well as qualification to take the BSM certification examination.

The development of accreditation standards were guided by the following values and goals:

- We designed minimum standards that assured entry-level skills would permit competent practice, with the understanding that BSM knowledge and skills would continue to develop with experience and supplemental training.
- Given that there are, at present, a modest number of training programs in BSM, criteria were developed that had an exclusionary bias to maximize the BSM training opportunities in these early years of BSM development.
- In initiating accredited BSM training programs, we expect to acquire knowledge on how best to do this and how much training is optimal. The standards and procedures set forth below will be revised within five years to adopt revisions if needed.

ACCREDITATION STANDARDS

Training Context

The training context, known as the home program, in which the BSM training is housed, should either be a doctoral training program, a predoctoral internship/residency, or a postdoctoral program. Most often, these will be housed in departments of clinical psychology or nursing, or, at the postdoctoral level, psychiatry. The home program should already be accredited by the primary body responsible for such as a health provider training program. An APA approved clinical psychology graduate program would be a typical example.

One individual will be designated the director of the BSM training program. The director of the BSM training program should have at least 5 years experience in BSM. It is preferred that this person be BSM certified but it is not required.

NOTE: A change in program directorship must be reported to the AASM within 90 days of the change and may result in reevaluation of the program by the Accreditation Committee.

The sleep training offered should be consistent with the scope of BSM, which 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.

Training Requirements

The following are required for program eligibility:

- 1,000 hours of supervised clinical training are required. This may be satisfied by 1,000 hours of BSM training or may be divided between 500 hours of BSM training and 500 hours of behavioral medicine training. The training experience may be distributed between didactic work, patient contact, and research, and must be primarily cognitive/behavioral in nature.
- The training period in a fully accredited training program cannot exceed 4 years.
- Provision of technological services (e.g. conducting nocturnal polysomnograms and Multiple Sleep Latency Tests as well as scoring sleep records) cannot constitute more than 15% of the BSM training experience.
- At least 25% of the BSM training experience must be a practicum in the provision of clinical service such as direct patient contact, report preparation, supervision, and attending case conferences (i.e. 250 hours). Hours obtained delivering services in clinical research (e.g. performing clinical evaluations related to a research study or, for example, providing interventions in an insomnia treatment study) can satisfy no more than 25% of
hours required for provision of clinical service.

- A minimum of 10% (i.e. 100 hours) of the supervised BSM training time must be devoted to didactics, such as formal coursework, directed reading, attending invited lectures, etc.
- The remainder of the training time may be distributed between additional clinical service, research, and didactics. Research training in any area related to BSM is strongly encouraged, but not required.

The above guidelines assume the entire 1,000 training hours are in the area of BSM. The training may be split between 500 hours of BSM and 500 hours of non-sleep-related behavioral medicine training. If 500 hours of behavioral medicine training are part of the program the distribution and nature of its training components must mirror the BSM model. The content of behavioral medicine training should be health-related, as exemplified by anxiety disorders, weight control, smoking cessation, and the like. Paralleling the guidelines from above, when the 1,000 hours are split between BSM and behavioral medicine, then each must have 25% of its training time in provision of clinical services (i.e. 125 hours for each area; 10% in didactics, 50 hours per area, etc.).

Students or postdoctoral trainees should receive written evaluations or their progress in BSM at regular intervals occurring no less than at the 50% and completion points of training.

The BSM clinical practicum training should be in a setting (or settings) that is characterized by its sleep identity, typically, a sleep disorders center. The settings should be multidisciplinary and should treat patients with a broad range of sleep disorders. If the setting is a sleep disorder center, it must be accredited by the AASM. Other settings would include an insomnia clinic located in a department of psychology.

Despite the apparent narrow limits of the name “insomnia clinic” such clinics usually treat the range of disorders that fall within the BSM umbrella.

Educational Focus

The scope of BSM training is broadly defined. There are at least 20 substantive areas of educational focus (listed below), and these may be divided into “core areas” and “other areas.” Every training program must provide thorough coverage of the core areas and substantial exposure to most of the other areas.

Core Areas:
- Differential diagnosis of insomnia or comparable pediatric sleep disorders
- Treatment approaches to insomnia or comparable pediatric sleep disorders
- Theories of primary insomnia or comparable pediatric sleep disorders

- Obstructive sleep apnea, central apnea, and sleep-related hypoventilation
- Management of CPAP compliance
- Periodic limb movement disorder and restless legs syndrome
- Normal sleep physiology
- Aging and sleep
- Methods for measurement and monitoring of sleep

Other Areas:
- Cronobiology
- Parasomnias
- Pharmacology of sleep
- Differential diagnosis of excessive daytime sleepiness
- Circadian rhythm disorders
- Psychometric evaluation of sleep disorders
- Pediatric sleep disorders
- Classification of sleep disorders
- Measurement of daytime sleepiness
- Narcolepsy
- Sleep in psychiatric disorders

APPLYING FOR ACCREDITATION

The director of the BSM program is responsible for preparing the accreditation or re-accreditation application (attached) along with a $300 processing fee. Further, the director will be responsible for ensuring all training activities are presented as stated in the accreditation application and is also responsible for ensuring quality control of such activities. After a telephone conference call, the review committee will confer on the training program one of the following:

- BSM Accreditation of the training program for a maximum of 5 years, but may be shorter.
- Probationary accreditation, with specification of changes needing to be made within a given time frame to convert to full accreditation. If those conditions are not satisfied, probationary accreditation automatically converts to withdrawal of accreditation.
- Accreditation denied with specification of changes required before reapplying in the future to satisfy accreditation standards.

INSTRUCTIONS

Answers to the questions contained in this application constitute the Application for Accreditation of your BSM training program.

Self-assessment is an integral part of any accreditation process. The application is made up of questions designed to enable a program to assess all aspects of accreditation as determined by the AASM. As a result of answering the questions, the program
can determine its own areas of strength and weakness, identify needs, and make improvements, as appropriate. BSM training programs need not be comprehensive to receive accreditation, yet each program should be aware of these potential regulatory issues.

The application should be typed or word processed on 8 ½ x 11” white paper (or submitted as an email attachment). In responding to a question, begin by copying the question and its number, and then give the answer or statement. Please be specific but concise. A question which is not applicable must be copied and answered “not applicable” with an explanation stating why it does not apply. Do not delete any questions from the application.

Exhibits and other materials should be included as numbered attachments. All attachments should be put together at the end of the application.

The face sheet of this application form must be used as the face sheet of your application. Please note that it must be signed by the director of the BSM training program. When completed send the original application and 10 copies to:

BSM Training Accreditation Committee
American Academy of Sleep Medicine
One Westbrook Corporate Center
Suite 920
Westchester, IL 60154
Ph: 708-492-0930
F: 708-492-0943

APPLICATION QUESTIONS

1. How many hours of BSM training does the program provide? Please provide a detailed outline of the types of hours and how the training hours are dispersed under each type for each trainee. Tables, charts, or graphs may be used to represent the provided hours.

2. How is the didactic requirement covered? Please specify types of instruction, amount of time dedicated to each, and breadth of content. If there is a list of required reading, please attach. What is the total amount of time dedicated to didactic instruction?

3. How is the practicum requirement covered? Please specify the typical kinds of patients or sleep disorders seen, the typical number of each seen, the typical age distribution of patients, and the typical clinical responsibilities of each of the BSM students. What is the total amount of time dedicated to practicum training?

4. Describe the research programs, if any, in which students are typically involved.

5. Is the “home” program (e.g. clinical psychology or nursing graduate program or clinical psychology internship) accredited as a health provided training program? Are the graduates of the home program eligible to sit for the state licensing examination for the provision of health services?

6. Is the BSM training program affiliated with a primary sleep disorders center accredited by the AASM or one that is multidisciplinary and treat a broad range of patients? What is the name of that center?

7. Is the program directed by someone with five years experience in BSM (or BSM certified)?

8. How many students are currently in your program?

9. How many students have graduated from your program? Give the names and year of completion.

10. How and how often are individual meetings with each student scheduled for the purpose of discussing progress and weakness during the BSM training program? Attach copies of forms used to evaluate students’ progress.

The following to re-accreditation applications only:

11. Please list all criticisms from the last accreditation evaluation and discuss how they have been addressed.

12. List and describe any substantial changes to your BSM training program that have occurred since the last accreditation. Changes of interest include faculty and staff, didactic training, practicum training, research activities, relationship with sleep disorders center, etc. Please indicate if no substantial changes have occurred.

13. Provide the name and phone number of at least two former students who may be contacted for a brief interview regarding their experience in your program.

ATTACHMENTS

1. CV of program director
2. List all faculty involved in providing training with their specialty, titles, and training responsibilities. Include biographies, 2 pages maximum each.
3. Overall program schedule of the BSM track for a “representative” student.
4. List of required reading, if applicable.
5. BSM students’ progress evaluation forms.
American Academy of Sleep Medicine
Training in Behavioral Sleep Medicine (BSM)
Application for Training Program Accreditation

Type of Program:  Doctoral or Predoctoral Internship/Residency  □  Postdoctoral  □
Specify:  New Program  □  Re-Accreditation  □
Name of Institution: _____________________________________________
Department Affiliation: ___________________________________________
Program Director: _______________________________________________
Additional Contact Person, including position and contact information: __________

Date of Application: _____________________________________________
Correspondence Address: _________________________________________
Telephone: ________________________
Fax: _____________________________
Email: ____________________________

NOTE: This form must be signed and dated by the director of the BSM training program.
I certify that the statements made in this application are true and complete to the best of my knowledge.

__________________________________________
Signature      Print name clearly  Date