



Checklist for Completion of Training Requirements in Sleep Medicine Pathway 1

This checklist follows the mandatory components of training in sleep medicine for physicians who have followed Pathway 1. Please complete all components of the following checklist for consideration of acceptance of your training in sleep medicine.

Name of Physician Changing Scope of Practice: _____

CPSO Number: _____

- a. **I have successfully completed an ACGME-accredited training program in sleep medicine in the United States and the sponsoring specialty's certification examination in sleep medicine.**
 - Please attach proof of completion of ACGME-accredited training program in sleep medicine and copy of certification.

- b. **I have successfully completed an academic fellowship program accredited by the Royal College of Physicians and Surgeons of Canada for the Area of Focused Competence in Sleep Disorder Medicine.**
 - Please attach a letter of support from the Program Director.

Attestation

I hereby declare that I have received the training and have the experience required to practice in the field of sleep medicine and that all information provided above is correct.

Signature of Applicant: _____

Date: _____