



**Checklist for Completion of Training Requirements in Sleep Medicine  
Pathway 4**

This checklist follows the mandatory components of training in sleep medicine for physicians who have followed Pathway 4. 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. **The physician must have clinical practice experience in a jurisdiction in North America in sleep medicine for the immediate past five years, in which at least 50% of their clinical time has been spent assessing patients, interpreting sleep studies and managing patients with sleep disorders.**
  - Please document dates and duration of practice in the table below. Use additional pages as necessary:

| Name of Sleep Clinic | Address | Medical Director of Clinic | Start Work Date | Stop Work Date |
|----------------------|---------|----------------------------|-----------------|----------------|
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**b. The physician must provide evidence of the amount and quality of their sleep medicine practice through the provision of a letter of support from the director of every sleep lab in which they worked during that five year period. The letters of support should attest to the physician’s competence in the components contained within the attached document entitled “Mandatory Components of Sleep Medicine Training Programs in Ontario”.**

- Please attach a letter from the director of each sleep lab in which you have worked in the last five years. Please note that the letters must refer to the document entitled “Mandatory Components of Sleep Medicine Training Programs in Ontario”.

**c. Note that the College will evaluate the evidence for the acceptability of practice experience.**

**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: \_\_\_\_\_