



BEHAVIORAL SLEEP MEDICINE CERTIFICATION EXAMINATION

ALTERNATE TRACK ATTESTATION STATEMENT

This page is required for Alternate Track candidates to verify clinical experience and other training received at training location(s). If the candidate received clinical training from multiple consultants or supervisors, complete this form for each BSM training consultant or supervisor.

Candidate's Name: _____

Consultant/Supervisor's Name and Degree(s): _____

Area of Practice or Specialty: _____

Training Location(s)

Program/Institution	Address	Training Start/End Dates

Clinical Experience – 250 hours of which 150 must be direct BSM patient contact

Dates of Experience	Description of Clinical Experience	Total Hours
	Direct patient contact – assessment Direct patient contact – treatment Report preparation/care coordination Consultation/Supervision Case conferences	

Other BSM Training Activity

Dates of Activity	Description of Training Activity	Total Hours
	BSM Research BSM grand rounds/in-service Teaching, presentations Other	

I, the candidate's consultant/supervisor, hereby verify that the candidate has satisfactorily completed the above clinical experience as part of requirements to sit for the Behavioral Sleep Medicine Examination.

 Consultant/Supervisor Signature

 Date