# Behavioral Sleep Medicine Certification Examination

## Candidate Handbook

2020

<table>
<thead>
<tr>
<th>Application Deadline*</th>
<th>Testing Window</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 18, 2020</td>
<td>April 18 – May 2, 2020</td>
</tr>
<tr>
<td>August 12, 2020</td>
<td>September 19 – October 3, 2020</td>
</tr>
</tbody>
</table>

*Applications will not be accepted after this deadline*

Administered by:

[PTC Logo]

1350 Broadway, Suite 800 | New York, NY 10018
www.ptcny.com/contact
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>i</td>
</tr>
<tr>
<td>CONTACT INFORMATION</td>
<td>ii</td>
</tr>
<tr>
<td>ATTENTION CANDIDATES</td>
<td>ii</td>
</tr>
<tr>
<td>PURPOSE OF CERTIFICATION</td>
<td>3</td>
</tr>
<tr>
<td>ELIGIBILITY REQUIREMENTS</td>
<td>3</td>
</tr>
<tr>
<td>DISCLAIMER</td>
<td>5</td>
</tr>
<tr>
<td>THE CERTIFICATION PROCESS</td>
<td>6</td>
</tr>
<tr>
<td>COMPLETION OF APPLICATION</td>
<td>7</td>
</tr>
<tr>
<td>APPLICATION CHECKLIST</td>
<td>8</td>
</tr>
<tr>
<td>EXAMINATION ADMINISTRATION AND SCHEDULING</td>
<td>8</td>
</tr>
<tr>
<td>EXAMINATION FEES</td>
<td>11</td>
</tr>
<tr>
<td>SPECIAL ACCOMMODATIONS</td>
<td>12</td>
</tr>
<tr>
<td>PREPARING FOR THE EXAMINATION</td>
<td>12</td>
</tr>
<tr>
<td>WHAT TO EXPECT AT THE TESTING CENTER</td>
<td>13</td>
</tr>
<tr>
<td>RULES FOR THE EXAMINATION</td>
<td>14</td>
</tr>
<tr>
<td>TESTING CONDITIONS OR EXAMINATION FEEDBACK</td>
<td>15</td>
</tr>
<tr>
<td>REPORT OF RESULTS</td>
<td>15</td>
</tr>
<tr>
<td>APPEALS</td>
<td>15</td>
</tr>
<tr>
<td>REQUESTING A HANDSCORE</td>
<td>16</td>
</tr>
<tr>
<td>CONFIDENTIALITY OF EXAMINATION SCORES</td>
<td>16</td>
</tr>
<tr>
<td>REEXAMINATION</td>
<td>16</td>
</tr>
<tr>
<td>ATTAINMENT OF CERTIFICATION &amp; RECERTIFICATION</td>
<td>16</td>
</tr>
<tr>
<td>REVOCATION OF CERTIFICATION</td>
<td>17</td>
</tr>
<tr>
<td>CONTENT OF THE EXAMINATION</td>
<td>17</td>
</tr>
<tr>
<td>SAMPLE EXAMINATION QUESTIONS</td>
<td>19</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>20</td>
</tr>
</tbody>
</table>

This Handbook contains necessary information about the Behavioral Sleep Medicine Certification Examination. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This Handbook is subject to change.
## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Professional Testing Corporation (PTC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.ptcny.com">www.ptcny.com</a></td>
</tr>
<tr>
<td>(212) 356-0660</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• Apply for examination</td>
</tr>
<tr>
<td>• Obtain general application policy and procedure information</td>
</tr>
<tr>
<td>• Obtain information about testing policies and procedures</td>
</tr>
<tr>
<td>• Transfer to a new testing period</td>
</tr>
<tr>
<td>• Request Special Accommodations</td>
</tr>
<tr>
<td>• Request Hand Score</td>
</tr>
<tr>
<td>• Question about score reports</td>
</tr>
<tr>
<td>• Recertification</td>
</tr>
<tr>
<td>• Miscellaneous inquiries</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prometric</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.prometric.com/BBSM">http://www.prometric.com/BBSM</a></td>
</tr>
<tr>
<td>(800) 741-0934</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• Schedule test appointment</td>
</tr>
<tr>
<td>• Reschedule test appointment (within the same testing period)</td>
</tr>
<tr>
<td>• Cancel test appointment</td>
</tr>
<tr>
<td>• Find directions to test site</td>
</tr>
<tr>
<td>• Questions regarding testing sites and appointments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Board of Behavioral Sleep Medicine (BBSM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.bsmcredential.org">http://www.bsmcredential.org</a></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>• Training Resources</td>
</tr>
<tr>
<td>• Recertification Information</td>
</tr>
</tbody>
</table>

## ATTENTION CANDIDATES

This handbook contains necessary information about the Behavioral Sleep Medicine Certification Examination. It is required reading for those applying for and taking the Examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this handbook for future reference. This handbook is subject to change. See [www.ptcny.com](http://www.ptcny.com) for handbook updates.
PURPOSE OF CERTIFICATION

The Board of Behavioral Sleep Medicine (BBSM) has as its mission the goal of promoting the field of Behavioral Sleep Medicine (BSM) and endorses the certification by examination of qualified health care providers. The certification process is designed to promote excellence in the practice of Behavioral Sleep Medicine by:

1. Recognizing formally those individuals who meet eligibility and examination requirements of the BBSM.
2. Encouraging professional growth of behavioral sleep medicine specialists.
3. Establishing and measuring the level of knowledge required for certification in behavioral sleep medicine.
4. Providing a standard of requisite knowledge required for certification, thereby assisting employers, the public, and members of health professions in the assessment of individuals providing behavioral sleep medicine services.

ELIGIBILITY REQUIREMENTS

Clinicians who successfully meet eligibility requirements and pass an examination will have met all requirements to be granted a certification in behavioral sleep medicine by the Board of Behavioral Sleep Medicine.

Eligibility Requirements for Examination

BSM certification requires a combination of appropriate educational background, clinical experience, and a passing score on the BSM examination. The following eligibility requirements outline the credentials and training necessary to sit for the BSM examination.

A. Graduate level (masters or doctorate) degree in a health-related field from an accredited institution of higher learning (upload copy of diploma with application).

B. All clinical professionals must be licensed in accordance with applicable federal, state, and local laws, and must act only within the scope of their state license and in accordance with the specific state practice requirements. (upload copy of license with application).

C. Completion of ONE of the following BSM training tracks:

1. **Standard Track**: Formal SBSM-accredited graduate or post-doctoral BSM training program (upload copy of training program completion certificate with application and signed Standard Track Attestation Form). Candidates must complete the Standard Track Attestation Form included at the end of this Handbook or in the Application and have it signed by the Program/Training Director of the SBSM-accredited behavioral sleep medicine training

...
program attended. The candidate must provide sufficient detail to enable BSM reviewers to thoroughly and fairly review the candidate’s qualifications. The candidate must then submit the Attestation Form(s) by uploading it to the Application.

2. **Alternate Track:** Equivalent training totaling 500 hours of didactic training and clinical experience.

   a. **Didactic Training** – Minimum of 120 hours of continuing education (CE) and/or equivalent graduate level coursework (one graduate course equivalent to 8 CE hours). Continuing education credits must include a certificate of completion from the approving accrediting agency.

      1) Didactic content must be in the areas of cognitive-behavioral theory, cognitive-behavioral interventions, behavioral medicine, and behavioral sleep medicine including a minimum of:

         i. 60 hours in behavioral sleep medicine encompassing normal and abnormal sleep, differential diagnosis of sleep conditions, diagnostic monitoring tools in sleep medicine, psychological factors affecting sleep, and behavioral treatments of sleep disorders.

         ii. 30 hours in cognitive-behavioral theory, cognitive-behavioral interventions, behavioral medicine, or applied behavioral analysis.

         iii. 15 hours in mental health assessment and diagnosis.

         iv. Remaining 15 hours didactic training may be in combinations of the above.

      2) Evidence of training must be provided by uploading copies of graduate-level transcripts and/or continuing education certificates.

   b. **Clinical Experience** – 250 hours of documented clinical experience completed in consultation with a licensed clinician who is board-certified in Behavioral Sleep Medicine or Sleep Medicine. Clinical experience obtained as a graduate student or prior to licensure requires documentation of clinical supervision.

      Consultation as defined by these BSM eligibility criteria refers to the provision of clinical practice guidance to a licensed clinician by an individual board-certified in BSM or Sleep Medicine. Supervision refers to the direct clinical oversight and responsibility of a supervisor for the clinical activities of an unlicensed student or trainee:

      1) This must involve a minimum of 150 hours of direct BSM patient care.

      2) No more than 40 hours per week can be counted towards these requirements. A minimum of one hour of direct individual or group consultation per week is required for candidates working full-time in the field (face-to-face, video-conference, or phone). If training is part-time, the frequency of consultation should be proportionate to the hours of training per week.
c. **Other Training Activity** – After meeting the minimum 370 combined hours for didactic training and clinical experience, the remaining 130 training hours may include combinations of additional BSM didactic or clinical experience, scientific research, teaching, and presentations.

**Documentation of Alternate Track Training/Clinical Experience**

Candidates must complete the Alternate Track Attestation Form(s) included at the end of this Handbook or in the Application and have it signed by each BSM consultant or supervisor documenting the candidate meets required training experience. The candidate must provide sufficient detail to enable BSM reviewers to thoroughly and fairly review the candidate’s qualifications. The candidate must then submit the Attestation Form(s) by uploading it to the Application.

In cases in which a consultant or supervisor is not available to sign the Attestation Form, a current BSM consultant or supervisor may sign the form if they are sufficiently satisfied that the candidate has completed the training outlined in the Attestation Form.

**DISCLAIMER**

State Statutes provide the basic guidelines that recognize Physicians and Allied Health Professionals in their respective states. Medical institution credentialing committees interpret these statutes. These committees, based on their interpretations, decide what privileges to grant individuals applying for employment in their respective institutions. The BBSM examination is a National Certification Examination. It is your responsibility as a passing candidate of this examination to ensure you meet the requirements of your respective State and Institutional Credentialing Committee when applying for medical privileges within your place of employment.
THE CERTIFICATION PROCESS

REVIEW
• Review the Handbook in its entirety

APPLY
• Apply and pay the application fee online at www.ptcny.com

SCHEDULE
• Receive the Scheduling Authorization email
• Make an appointment with Prometric

PREPARE
• Review Content Outline
• Review References

TEST
• Take the Examination
• PTC sends Score Reports to Candidates

Pass the Examination to become Certified!
COMPLETION OF APPLICATION

Step 1 – Read the Handbook for Candidates and Complete Application
Review this examination handbook in full, then go to http://www.ptcny.com/test-sponsors/BBSM to view examination testing periods, application deadlines, and link to the online application. You must complete the examination application in full, using your name exactly as it appears on your current government issued photo ID such as a driver’s license or a passport. Applications are not considered complete until all information and payment has been provided. The completed application can be submitted and paid for online. Retain the link to the application and your login information.

Please note, for new applications you will be asked to create a PIN number. This PIN will be used if you need to go back to your existing application.

Step 2 – Submit Examination Fee and Application for Review
Receive email from PTC stating that your payment and application has been received and under review.

Step 3 – Receive Approval of Application
Receive email from PTC stating that your application has been approved.

Step 4 – Receive Scheduling Authorization and Schedule Testing Appointment
Within eleven (11) weeks prior to the start of the testing period, candidates will receive a Scheduling Authorization from PTC via email from notices@ptcny.com. The Scheduling Authorization includes an PTC Candidate ID number and information on how to set up your examination location, date, and time through Prometric. Retain this document.

You must present your current driver’s license, passport, or U.S. Military ID at the testing center at the time of your examination appointment or you will be refused admission. The name on the ID must exactly match the name on the Scheduling Authorization.

Applicants who are not approved to sit for the examination or whose applications are incomplete 21 days prior to the first day of the testing window will receive a refund of their application fee minus the $50 administrative fee. Refunds will be processed approximately 30 days after the end of the testing period.
APPLICATION CHECKLIST
The following documentation must be uploaded to the candidate’s application (Supporting Documentation section)

1.  All candidates must upload the following:
   a.  Graduate level degree in a health-related field from an accredited institution of higher learning
   b.  Current, valid license granted by a state, provincial, or federal authority to provide clinical services

2.  All Standard Track candidates must also upload
   a.  Proof of completion of a formal SBSM-accredited graduate or post-doctoral BSM training program
   b.  Completion of a Standard Track Attestation Statement (located at the end of the Handbook)

3.  All Alternate Track candidates must also upload
   a.  Evidence of 120 hours of Didactic training (graduate level transcripts and/or continuing education certificates)
      i.  No less than 60 hours of Behavioral Sleep Medicine coursework/CE
      ii. No less than 30 hours of cognitive-behavioral theory, interventions, behavioral medicine, or applied behavioral analysis coursework/CE
      iii. No less than 15 hours of mental health assessment and diagnosis coursework/CE
      iv.  Remaining 15 hours in combinations of i. – iii.
   b.  Evidence of 250 hours of clinical experience reported on the Alternate Track Attestation Statement (located at the end of the Handbook)

EXAMINATION ADMINISTRATION AND SCHEDULING
The Behavioral Sleep Medicine Certification Examination is administered during an established two-week testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

Scheduling Examination Appointments

Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from notices@ptcny.com. Please ensure you enter your correct email address on the application and add the ‘ptcny.com’ domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window, contact the Professional Testing Corporation at (212) 356-0660 or online at www.ptcny.com/contact.

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-served, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. Candidates who wait until
the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

Note: International candidates may also schedule, reschedule, or cancel an appointment online at http://www.prometric.com/BBSM.

**IMPORTANT!**

You **MUST** present your current driver’s license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver’s licenses will **NOT** be accepted. The name on your Scheduling Authorization **MUST** exactly match the name on your photo ID.

**Fees will not be refunded for exams missed because of invalid ID.**

---

**Rescheduling Examination Appointments within a Testing Period**

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: http://www.prometric.com/BBSM.

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Reschedule Permitted?</th>
<th>Stipulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests submitted 30 days or more before the original appointment</td>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>Requests submitted 29 to 5 days before the original appointment</td>
<td>Yes</td>
<td>Candidate must pay Prometric a rescheduling fee of $50.</td>
</tr>
<tr>
<td>Requests submitted less than 5 days before the original appointment</td>
<td>No</td>
<td>Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay full examination fees for a future testing period.</td>
</tr>
</tbody>
</table>
Transferring to a New Testing Period
Candidates unable to take the examination during their scheduled testing period may request a **ONE-TIME** transfer to a future testing period. **There is a transfer fee of $250.00.** After you have transferred once by paying the $250.00 fee, you will need to pay the full examination fee in order to transfer a second time; so, *please plan carefully.*

**Please note:** requests to transfer to a new testing period must be received within 30 days of your originally scheduled testing period.

Candidates wishing to transfer to a new testing period need to follow the steps below.

2. Click “Start New Application.”
3. Choose BBSM in the first drop-down menu; then choose the new examination period in the second drop down menu and fill out the rest of the information on the page.
4. Fill out the application making sure you answer yes to the question asking if you are transferring.
5. When you have finished the application, click “Submit Transfer Request.”
6. PTC Support will send you an email letting you know your transfer application was approved and that you can log back into your application and pay the one-time $250.00 transfer fee.

Call 212-356-0660 if you have any questions regarding the transfer process.

If candidates are unable to attend the examination on the date for which they registered and elect not to transfer to another testing period the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on costs and is not punitive in nature. The transfer fee must be paid at the time the request is approved. The candidate is responsible for contacting Prometric and canceling the original examination appointment, if one was made.

*Exams may only be transferred to a new testing period once; please plan carefully.*

Please note: Transferring your Examination only refers to instances when a candidate is unable to take their exam during a testing period for which they have already applied. Candidates who did not pass their examination and are retaking the examination need to pay the full Examination Fee.

**Failing to Report for an Examination**

⚠️ If you fail to report for an examination, you will forfeit all fees paid to take the examination. A completed application form and examination fee are required to reapply for the examination.
## EXAMINATION FEES

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Amount</th>
<th>Details</th>
</tr>
</thead>
</table>
| Application Fee                       | US $425.00 | • Non-transferable  
• Includes testing center fees  
• Includes non-refundable $50 administrative fee |
| Late Fee                              | US $75.00  | • Applied to application submitted after the application deadline listed on the cover of this handbook |
| Rescheduling Fee                      | US $50.00  | • Applies to candidates who need to move their appointment within their current testing period  
• Payable directly to Prometric  
• Reschedule with Prometric online or over the phone |
| Retesting Fee                         | US $350.00 | • For candidates who previously attempted and failed the examination only |
| Transfer Fee                          | US $250.00 | • Applies to candidates who need to move to a new testing period  
• Must submit new application & fee to PTC |

### Refund Schedule

- If the candidate’s application is rejected, the candidate will be refunded the full examination fee minus the $50.00 administration fee (total of $375.00 refunded)

- If the candidate chooses to withdraw their application no later than 4 weeks prior to the start of the testing period the candidate will receive a $250.00 fee will be withheld (total of $175.00 refunded)

- If the candidate chooses to withdraw their application within 4 weeks prior to the start of the testing period, or if a candidate does not test during their chosen testing period all fees are forfeited.

Please be advised: Prometric does not have the authority to grant transfers or refunds. All requests must be made through PTC.
SPECIAL ACCOMMODATIONS

BBSM and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf) or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application no later than 8 weeks prior to the start of your chosen testing period. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.

PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver’s license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the name on your ID match the name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.

- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).

- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the testing center. Make sure you give yourself plenty of time to arrive as late arrival may prevent you from testing.
• In the event of inclement weather, check the Prometric website for site closures: https://www.prometric.com/closures.

• Prometric’s website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: https://www.prometric.com/test-center-security.

• This Handbook provides the Content Outline for the Examination (see appendix). Use these to help you start studying for the examination.

• Review the What to Expect at the Testing Center and Rules for the Examination below before your appointment.

WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

• Candidate Check-In
  o Candidates will be asked to present their IDs
  o Candidates will be asked to empty and turn out their pockets
  o Candidates will be “wanded” or asked to walk through a metal detector
  o Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
  o Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
  o Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.

• During the Exam
  o No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam
  o Accessing mobile phones or study materials during the examination is prohibited
  o Smoking is prohibited at the testing center
  o All examinations are monitored and may be recorded in both audio and video format

Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

Please see Prometric’s website for more information about what to expect on testing day.
RULES FOR THE EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

➔ You must present your current driver’s license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.

➔ Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology (such as smart watches), MP3 players (such as iPods), pagers, cameras, and voice recorders are not permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.

➔ No papers, books, or reference materials may be taken into or removed from the testing room.

➔ No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

➔ Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

➔ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see Prometric’s statement on Test Center Security for more information.

➔ All watches and “Fitbit” type devices cannot be worn during the examination.

➔ Food/beverages are not permitted inside the testing room. Leave these items in your assigned locker.

Contact PTC at (212) 356-0660 or www.ptcny.com/contact with any questions about the Examination Rules.

Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.
TESTING CONDITIONS OR EXAMINATION FEEDBACK

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment.

REPORT OF RESULTS

All candidates will be notified in writing by PTC, of their official scores (scores on the major areas of the examination and on the total examination will be reported) within approximately four weeks of the close of the testing period. Please note that this time is necessary to allow for the psychometric review and administration time required to ensure accurate and reliable scores.

Please note that official scores will not be released at the testing center but will be sent via mail within four weeks following the close of the testing period.

Please notify PTC as soon as possible regarding any address changes to ensure that you will receive your official test scores.

Scoring Process

To ensure that pass/fail decisions are based on sound testing practices, BBSM uses a criterion referenced standard setting methodology.

The passing score for the BBSM represents an absolute standard and is determined using the modified Angoff technique, a well-established, and widely adopted, consistent approach in the testing industry. A panel of subject matter experts carefully evaluate each item on the examination and estimate the probability that each individual question will be answered correctly by a minimally competent/just qualified candidate. The recommended passing score is then reviewed and approved by BBSM.

APPEALS

Appeals on Eligibility

Candidates who have been deemed ineligible to sit for an examination may appeal in writing to the Board of Behavioral Sleep Medicine (BBSM) Executive Director, sent to either the headquarters office of the BBSM or by email to info@bsmcredential.org. The letter must be accompanied by supporting documents and must be received within ten (10) business days after the notification of ineligibility is sent to the candidate. The BBSM will review the appeal and notify the candidate in writing of its decision within ten (10) business days of receipt of the written appeal. Should the decision be in favor of the eligibility of the candidate to sit for the examination, but past the deadline for the current testing period, the candidate will be enrolled to take the examination during the next regularly scheduled testing period.
Examination Challenges

It is the policy of the BBSM to provide every candidate with an opportunity to question the reliability, validity, and/or fairness of a test and its questions. Candidates may submit a complaint in writing to the BBSM’s administrative offices no later than fourteen (14) calendar days after taking the examination. Complaints and challenges must be communicated in writing and within this time frame. The BBSM will NOT consider late challenges or complaints, or challenges or complaints not submitted in writing. All challenges and complaints shall receive the BBSM’s full attention. The BBSM shall investigate each challenge or complaint and acknowledge it in writing to the complainant.

REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on www.ptcny.com with payment of $25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoring.

CONFIDENTIALITY OF EXAMINATION SCORES

The Board of Behavioral Sleep Medicine will release the individual test scores only to the individual candidate. Individual scores will NOT be sent to employers, educational institutions, school/programs, etc. under any circumstances. Any questions concerning test results should be referred to the BBSM.

REEXAMINATION

The Behavioral Sleep Medicine Certification Examination may be taken as often as desired, upon filing of a new Application and fee.

Required documentation with expiration dates will need to be uploaded with your application when applying for reexamination. All other documentation will be accepted if candidates reapply within one year of their original examination.

ATTAINMENT OF CERTIFICATION & RECERTIFICATION

Candidates who pass the Certification Examination may use the DBSM (Diplomate in Behavioral Sleep Medicine) designation after their name and will receive certificates from the BBSM.

Certification in BSM is recognized for a period of 5 years at which time the candidate must apply to renew their certification and meet BBSM continuing education requirements in effect at that time in order to retain certification or retake and pass the current Certification Examination. The BBSM requires a
minimum of 40 hours of continuing education in behavioral sleep medicine for renewal of certification. These hours may include areas such as normal and abnormal sleep, basic sleep science, differential diagnosis of sleep conditions, diagnostic monitoring tools in sleep medicine, psychological factors affecting sleep and behavioral treatments of sleep disorders.

**REVOCATION OF CERTIFICATION**

Certification will be revoked for either of the following reasons:

1. Falsification of Application.

The Appeals Committee of the BBSM provides the appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.

**CONTENT OF THE EXAMINATION**

The Behavioral Sleep Medicine Certification Examination is composed of a maximum of 120 multiple-choice, single option correct, objective test questions with a total testing time of 2.5 hours.

The questions for the examination are developed by individuals with expertise in behavioral sleep medicine and are reviewed for construction, accuracy, and appropriateness by representatives of the BBSM. The BBSM, with the advice and assistance of the Professional Testing Corporation, prepares the examination. The Certification Examination for Behavioral Sleep Medicine will be weighted in approximately the following manner:

<table>
<thead>
<tr>
<th>Section</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Basic Science/Sleep Knowledge</td>
<td>10%</td>
</tr>
<tr>
<td>II. Behavioral Medicine General Principles/Theory</td>
<td>20%</td>
</tr>
<tr>
<td>III. Associated Sleep Disorders and Their Treatment</td>
<td>15%</td>
</tr>
<tr>
<td>IV. BSM Clinical Assessment</td>
<td>20%</td>
</tr>
<tr>
<td>V. BSM Clinical Management (Pediatric &amp; Adult)</td>
<td>35%</td>
</tr>
</tbody>
</table>
I. Basic Science/Sleep Knowledge (10%)
   A. Sleep Anatomy & Physiology
   B. Circadian/Biological Rhythms
   C. Homeostatic and Circadian Drives
   D. Sleep Architecture
   E. Ontogeny – Life Span Development
   F. Sleep Over the Life Span
      1. Infant, toddler
   G. Sleep Deprivation

II. Behavioral Medicine General Principles/Theory (20%)
   A. Classical and Operant Conditioning
      1. Shaping
      2. Reinforcement Schedules
      3. Extinction
      4. Spontaneous Recovery
      5. Placebo Effect
   B. Theories of Behavioral Change
   C. Relaxation
   D. Acceptance & Commitment Therapy / Mindfulness
   E. Cognitive Restructuring
   F. Behavioral Activation

III. Associated Sleep Disorders and Their Treatments (15%)
   A. Adult and Pediatric Insomnias
      1. Pharmacological Interventions
   B. Hypersonomias
   C. Breathing-Related Sleep Disorders
      1. Obstructive Sleep Apnea
      2. Central Sleep Apnea
   D. Circadian Rhythm Sleep Disorders
   E. Narcolepsy
   F. Parasomnias
      1. Nightmares
      2. Night Terrors
         a. Sleep Walking / Talking
   G. Movement Disorders
      1. Restless Leg Syndrome / PLMD
         a. Pharmacological Treatments
         b. Behavioral Interventions

IV. Clinical Assessment (20%)
   A. Instrumentation (Diagnostic)
      1. Polysomnography (In lab/HST)
      2. Actigraphy
      3. Sleep Diary
      4. MSLT/MWT
   B. Activity Monitoring Devices (Fitbit, Garmin, etc.)
   C. Initial Evaluation
   D. Functional Analysis
   E. Psychometric Assessment
   F. Treatment Monitoring
   G. Understanding CPAP Download Reports
   H. Understanding Sleep Diagnostic Reports

V. Clinical Management (35%)
   A. Pediatric Behavioral Sleep Medicine
      1. Healthy Sleep Habits
      2. Extinction
      3. Graduated Extinction w & w/o parent
      4. Positive Routines
      5. Bedtime Fading
      6. Bedtime Pass
      7. Exposure with Response Prevention
      8. Cognitive Restructuring
      9. Positive Reinforcement
      10. Scheduled Awakenings
      11. Urine Alarm/Dry-Bed Training
      12. Systematic Desensitization
      13. Relaxation Therapies
   B. Adult Behavioral Sleep Medicine
      1. Cognitive Therapy
      2. CPAP Adherence Sleep
      3. Image Rehearsal Therapy
      4. Light Therapy/ Chronotherapy/ Melatonin
      5. Paradoxical Intention
      6. Relaxation Strategies
      7. Restriction/Compression
      8. Stimulus Control
      9. Sleep Hygiene
      10. Systematic Desensitization
      11. Strategies for Treatment Compliance
SAMPLE EXAMINATION QUESTIONS

The following are samples of the types of questions that may appear on the Behavioral Sleep Medicine Certification Examination. These sample questions are intended for candidates to view how test questions are structured. Please note these are samples and these specific questions will not appear on the examination.

1. The term “dysfunctional cognition” refers to
   1. mental hyperarousal.
   2. maladaptive dream content.
   3. discouraging thinking patterns or images.
   4. faulty or distorted thoughts and expectations.

2. Which of the following is MOST representative of sleep during early and middle childhood relative to other periods of development across the lifespan?
   1. Most children have given up daytime naps by the end of the toddler period
   2. Non-Rapid Eye Movement Sleep (NREM) states during early/middle childhood are similar to adult Rapid Eye Movement Sleep (REM)
   3. Sleep states during the toddler period are in a state of development transition that makes differentiation of sleep and wakefulness difficult
   4. While sleep needs vary among children 12-36 months of age, total sleep duration from this age group ranges from 11 to 13 hours in a 24-hour period

3. REM sleep episode duration and REM sleep propensity have been shown to vary with which of the following?
   1. Secretion of dopamine
   2. MnPM and VLPO neuron signal
   3. Homeostatic determination of ultradian rhythm timing
   4. Timing of the endogenous circadian temperature cycle

<table>
<thead>
<tr>
<th>ANSWER KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
</tbody>
</table>
REFERENCES

The Society of Behavioral Sleep Medicine, the field’s membership society, has posted a BSM Training Program Reading List which is available on the SBSM website:


The list is not intended to be a recommended or exclusive reading list. It does not attempt to include all acceptable references nor is it suggested that the examination questions are necessarily based on these references. Candidates are expected to seek information as outlined in the published BSM Examination content areas by review of evidence-based peer reviewed science and literature.

PTC19081
This page is required for Standard Track candidates to verify completion of an SBSM-accredited behavioral sleep medicine training program.

Candidate’s Name: ____________________________________________________________

Program/Training Director’s Name and Degree(s): __________________________________________________________

Area of Practice or Specialty: _________________________________________________________________________
___________________________________________________________________________________________

BSM Training Program: _______________________________________________________________________________

Institution: _________________________________________ _______________________________________________

Address: __________________________________________________________________________________________

Training Program Start/Completion Dates: _______________________
___________________________________________________________________

I, the candidate’s training/program director hereby verify that the candidate has satisfactorily completed the above SBSM-accredited behavioral sleep medicine training program as part of requirements to sit for the Behavioral Sleep Medicine Examination.

Training/Program Director Signature __________________________________________   Date___________________
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)**

<table>
<thead>
<tr>
<th>Program/Institution</th>
<th>Address</th>
<th>Training Start/End Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Experience – 250 hours of which 150 must be direct BSM patient contact

<table>
<thead>
<tr>
<th>Dates of Experience</th>
<th>Description of Clinical Experience</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Direct patient contact – assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Direct patient contact – treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report preparation/care coordination</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Consultation/Supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Case conferences</td>
<td></td>
</tr>
</tbody>
</table>
### Other BSM Training Activity

<table>
<thead>
<tr>
<th>Dates of Activity</th>
<th>Description of Training Activity</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSM Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSM grand rounds/in-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching, presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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