



K&M MEDICAL

***K&M Medical, Inc.
2012 Sleep Exam Review
April 20th & 21st
Pitt Community College***

www.kmmed.com

Target Audience

This course is designed to provide a comprehensive review of Polysomnographic principles emphasizing concepts needed for technicians preparing for **sleep boards** as well as challenge individuals desiring a review of the latest sleep related concepts. The course will include **study manual** and sample questions aimed to accomplish these goals.

Continuing Education Units

This program has been formally submitted for approval to the American Association of Sleep Technologists (AAST) for 14.0 contact hours.

Sponsors

We at K&M Medical would like to extend our appreciation to ***Pitt Community College*** for their support in hosting this sleep review seminar.

Accommodations and Transportation Information

The event will be held on the campus of Pitt Community College

Pitt Community College
1986 Pitt Tech Road
Winterville, NC 28590
Leslie Building: Room 143

Please visit the Pitt Community College website for directions and campus maps. There is a nice selection of hotels within 5 miles of the campus. Simply go to <http://hotel-guides.us/> and enter the campus city and address to get the current hotel listing and room availability. Please contact 330-770-0184 with any questions or concerns on the upcoming event.

K&M Medical, Inc.

We at K&M Medical, Inc. are committed to providing a quality presentation of materials required to enhance ones knowledge in the field of sleep medicine. Our program aims to meet this goal through comprehensive presentation of materials by educators that share in this vision. We hope not only to serve your immediate needs but also those well into the future.

Friday Apr 20th, 2012

8:00AM - 9:30AM **Polysomnographic
Instrumentation Module**

9:30AM - 9:45AM **Break/Mini Quiz**

9:45AM - 11:15AM **Respiratory Module: Event Scoring &
Therapeutic interventions**

11:15AM - 12:15PM **Artifact Recognition & Correction**

12:15PM - 1:15PM **Lunch provided /Mini Quiz**

1:15PM - 2:45PM **Sleep Neurophysiology & Pharmacology Basics**

2:45PM - 3:00PM **Break/Mini Quiz**

3:00PM - 4:30PM **Pediatric Sleep Basics**

4:30-5:00PM **Day 1 Open Session
Question & Answer session**



Pajama Bowl Competition
7pm-?????
***Come test your sleep
knowledge!***
Call for details.

Saturday Apr 21st, 2012

- 8:00AM - 9:30AM **Cardiac Arrhythmias**
- 9:30AM - 9:45AM *Break/ Mini Quiz*
- 9:45AM - 11:15AM **Sleep Staging: Rules for
Scoring & Reporting**
- 11:15AM - 12:15PM **Scoring Rules for PLMs & Arousals**
- 12:15PM - 1:15PM *Lunch provided /Mini Quiz*
- 1:15PM- 2:45PM **Sleep Disorders - Testing Protocols
& Clinical Presentations**
- 2:45PM - 3:00PM *Break/ Mini Quiz*
- 3:00-4:30PM **Site Management**
- 4:30-5:00PM **Day 2 Open Session
Question & Answer session**

**Course Registration Form
K&M Medical, Inc. – Sleep Review Seminar
Pitt Community College**

Please contact K&M Medical with interest and registration by Apr 18th, 2012. We are requiring a minimum group of five to conduct the event.

Name		Organization	
Address (Needed for Conformation letter)			
City	State	Zip	Phone
Day Phone ()	Nights ()		Fax ()
Email			

Please check here if you require special accommodations to fully participate. Attach a written description of your needs.

Please check all that apply: _____ Student _____ RRT _____ CRTT _____ Other

Refund Policy

Refunds will be made before Apr 18th, 2012 less a \$ 25.00 processing fee.

Fees:

<input type="checkbox"/> Two Day Seminar : \$225.00	<input type="checkbox"/> One Day: \$125.00
<input type="checkbox"/> Active College Students \$125.00	Desired Day <input type="checkbox"/> Friday Apr 20th <input type="checkbox"/> Saturday Apr 21st
<input type="checkbox"/> K&M Sleep Review Manual Only \$85.00	Both One & Two day events come with a complete book including testing materials.

Payment method

Check - Payable to **K&M Medical, Inc.** (Please have registrants name on check)

Credit Cards (circle one) Visa MasterCard

Card # _____

Exp date ____/____/____ Validation Code*: _____

Card Holders Name _____

Signature _____

(must have using credit cards)

* For a Visa or MasterCard, the validation code is the last 3 numbers in the signature box.

Mail to:

**K&M Medical, Inc.
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Youngstown, Oh 44512
Phone: 330-770-0184
(330) 953-1673 fax**

For more information call or email Mark Beebe
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