



K&M MEDICAL

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*K&M Medical, Inc.
2012 Sleep Exam Review
May 18th & 19th
Cuyahoga Community College*

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 *Cuyahoga Community College* for their support in hosting this sleep review seminar.

Accommodations and Transportation Information

The event will be held on the Western Campus of Cuyahoga Community College.

Cuyahoga Community College
11000 Pleasant Valley Rd.
Parma, Ohio 44130
Health Technologies Center (HTC)
Room 162

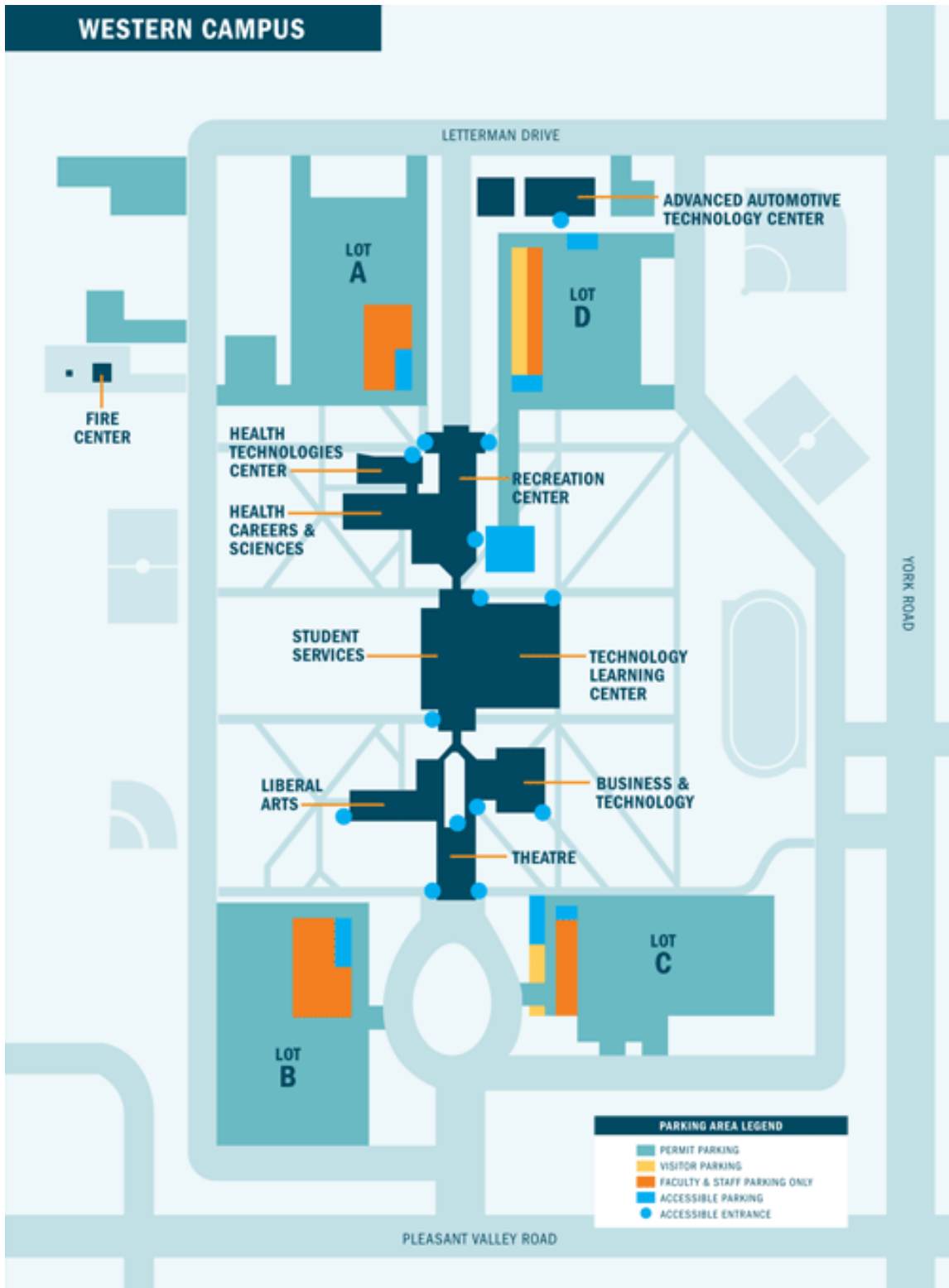
Please visit the Cuyahoga Community College website for directions and campus maps. There is a nice selection of hotels within 5 miles of the campus. Simply go to <http://hotel-guides.us/> and enter the campus city and address to get the current hotel listing and room availability. Please contact 330-770-0184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

Park in the rear of the college in Parking Lot "A"

Enter the HTC building and room 162 will be on the left.



Friday May 18th, 2012

- 8:00_{AM} - 9:30_{AM} **Polysomnographic Instrumentation Module**
- 9:30_{AM} - 9:45_{AM} *Break*
- 9:45_{AM} - 11:15_{AM} **Respiratory Module: Event Scoring & Therapeutic Interventions**
- 11:15_{AM} - 12:15_{PM} **Artifact Recognition & Correction**
- 12:15_{PM} - 1:15_{PM} *Lunch provided*
- 1:15_{PM} - 2:45_{PM} **Sleep Neurophysiology & Pharmacology Basics**
- 2:45_{PM} - 3:00_{PM} *Break*
- 3:00_{PM} - 4:30_{PM} **Pediatric Sleep Basics**
- 4:30_{PM} - 5:00_{PM} *Day 1 Open Session - Question & Answer session*

Saturday May 19th, 2012

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

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

Please contact K&M Medical with interest and registration by May 14th, 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 May 14th, 2012 less a \$ 25.00 processing fee.

Fees:

<input type="checkbox"/> <u>Two Day Seminar</u> :	\$225.00	<input type="checkbox"/> One Day:	\$125.00
<input type="checkbox"/> <u>Tri-C Student</u>	\$125.00	Desired Day	
		<input type="checkbox"/> <u>Friday May 18th</u>	
		<input type="checkbox"/> <u>Saturday May 19th</u>	
<input type="checkbox"/> <u>K&M Sleep Manual</u> Only	\$85.00	Both One & Two day Seminar comes with a Sleep Manual 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 or Fax to:

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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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