

Opportunity to EARN 7.0 hours of CEC's in the Upstate Area
Southeast Regional Sleep Disorders Center will be sponsoring its
4th Annual Training Session on

Friday July 30, 2010

8:00 AM- 3:45 PM

AASST CEC Program Application has been submitted for approval

Location: *Greenville Technical College*
Admissions and Registration Center (McAlister Square)
225 S. Pleasantburg Drive
Greenville, SC 29607

Registration will be limited to 75 attendees

Target Audience

RPSGT's, sleep technicians, RRT's, and CRT's who want to earn the recommended amount of Continuing Education Credits. Sleep and Respiratory Professional attendees will add to this dynamic course which will include many topics that cross the span of practice of both Sleep and Respiratory Professionals. This 7.0 hour course will offer an in depth view into many sleep related topics!!! Professionals will gain some expertise in the agenda topics, including: hands on activities, PAP set-ups, follow-up visits, durable medical equipment (DME) visits, and miscellaneous visits. Participants will have an overview of the psychology of Dreams and Nightmares, research, and will also understand the role of pain in our dreams, and the role of anxiety in relation to dreaming. Attendees will understand cause and effect of sleep deprivation to apply to patients in their practice and to personally help shift workers who often carry large sleep debt. Professionals will learn that many disorders may overlap, mimic, or stand alone. Understand the process of diagnosing disorders/ syndromes in sleep medicine. Some topics will include: videos, group work, games, and prizes.

Content

These topics include detailed and up-to-date information on:

- [Making a PAP Clinic Work](#)
 - Review of Facility Types
 - Staffing Needs and Responsibilities
 - Type of Services Offered
 - Choosing Equipment Providers
 - Room Set-up
 - Setting-up Policies and Procedures
 - Patient Acceptance Criteria
 - PAP Clinic Visit Examples
 - Video of visits
 - Evaluation of Services
- [Overview: Research of Dreams & Nightmares](#)
- [Sleep Deprivation](#)
 - Video Presentation
- [Case Reviews](#)
 - Discussion: Importance of Case Review
 - Case Reviews: Insomnia
 - Hypersomnias of Central Origin
 - Circadian Rhythm Disorders
 - Parasomnias
 - Sleep Related Movement Disorders
 - Sleep Related Breathing Disorders

Questions??? Call our offices at 1-800-290-1349 ext 212

Additional Registration forms can be printed off of our website www.southeastregionalsleep.com

Registration Form

Updates in Sleep Technology and Medicine \$140
(Please see attached Agenda for course topics)

Returning Attendee (Attach Certificate) \$120
(If you have attended one of our Annual Updates in Sleep Technology and Medicine Courses in the past)

A lunch box from Heavenly Ham will be provided to all attendees. Lunch includes sandwich, side, dessert, & beverage. Please fill out your box lunch request.

Sandwich <input type="checkbox"/> HoneyBaked Ham <input type="checkbox"/> Roast Turkey <input type="checkbox"/> Smoked Turkey <input type="checkbox"/> Smoke Stacker <input type="checkbox"/> Ham & Turkey Bella	<input type="checkbox"/> Roast Beef <input type="checkbox"/> Chicken Salad <input type="checkbox"/> Veggie Delight <input type="checkbox"/> Turkey Bacon Ranch <input type="checkbox"/> Tavern Club	Side Item <input type="checkbox"/> Chips <input type="checkbox"/> Potato Salad <input type="checkbox"/> Mandarin Pineapple Salad <input type="checkbox"/> Broccoli Bacon Salad
Desserts <input type="checkbox"/> Cookies <input type="checkbox"/> Brownies		Beverage <input type="checkbox"/> Bottled Water <input type="checkbox"/> Canned Diet Soda

Upon return of your registration form a confirmation packet will be emailed out to you with meeting information and driving directions. If any other information is needed please request.

*Name of Attendee: _____
AAST Member # _____

*Address _____ *City _____ *State _____

*Zip _____ *Contact #: _____

***EMAIL _____
(Required for seminar confirmation and updates to course)

Forms of Payment:

Check or CREDIT Name on Card: _____

VISA MASTERCARD DISCOVER

ACCT # _____ EXP DATE _____ BILLING ZIP CODE _____

If FAXING registration form include cover page to 864-627-9301. ATTN: Louie Scalise

Make checks and money orders payable to Louie Scalise and mail registration form and form of payment to:

ATTN: LOUIE SCALISE
357 Woodruff Rd.
Greenville SC 29607

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