



BBSM COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA

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 receives clinical training from multiple consultants or supervisors, complete this form for each CBT-I 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 – 60 hours of which 48 hours must be direct BSM patient contact

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

Other BSM Training Activity

Dates of Activity	Description of Training Activity	Total Hours
	<p>CBT-I Research</p> <p>BSM grand rounds/in-service</p> <p>Teaching, presentations</p> <p>Other</p>	

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