



# BEHAVIORAL SLEEP MEDICINE CERTIFICATION EXAMINATION

## STANDARD TRACK ATTESTATION STATEMENT

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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 \_\_\_\_\_