



ARTP

Association for
Respiratory Technology
& Physiology

ARTP SLEEP

Certificate in Overnight Pulse Oximetry

Contact Details

Title: _____ First Name: _____ Last Name: _____

Job Title/Grade: _____

Hospital: _____

Address: _____

Postcode: _____

Tel: _____

E-mail address: _____

Qualification Applied for

Overnight Pulse Oximetry Certificate £95.00

All candidates that register for the ARTP Associate level Certificate in Overnight Pulse Oximetry are required to complete a portfolio of evidence (up to 6 month period). The portfolio should be electronically submitted, any paper records or traces can be scanned, please ensure any confidential information is removed. Please email it to admin@artp.org.uk. Candidates must submit only the requested portfolio requirements.

All correspondence to: ARTP c/o EBS, City Wharf, Davidson Road, Lichfield, Staffordshire WS14 9DZ

Tel: 01543 442 141

Fax: 0121 355 2420

www.artp.org.uk

Email: Admin@artp.org.uk



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Relevant Qualifications & Experience

(Include qualifications currently being taken and state completion date)

Academic qualifications: _____

In service and training qualifications: _____

Do you have access to a population of patients undergoing sleep studies for sleep Breathing Disorders?

Will you be able to complete the required 10 studies within 6 months? _____

Clinical Experience

Location: _____

Dates: _____

Contact name: _____

Contact e-mail: _____

Contact Telephone number: _____

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Payment

- I enclose payment as a Cheque, made payable to "ARTP"*
- I wish to pay by Debit/Credit Card (please complete the section below)*

Please note we do not accept American Express cards

Name on Card: _____

Card Number:

Start Date (Switch/Maestro only): / Expiry Date: /

Security Number:

- I require an Invoice*

Hospital/Purchase Order Number: _____

Full Invoicing Address: _____

Finance Department E-mail address: _____

Finance Department Telephone: _____

Please return your completed form to the address below

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