

Sleep Medicine Accreditation

Stakeholder Standards Revision Request Form

Name	
Title	
Facility/Organization	
Phone #:	
Email:	
Date:	

Standard Section	
Name and number (#) of Standard	
State suggested revision:	
Specify rationale for revision:	
Indicate appropriate reference to substantiate request (attach or electronically embed pertinent documentation)	

For submission e-mail to: sleep.medicine@cpsa.ab.ca