

Verification of Education:
A-STEP with Clinical
Component
PSGT 4A (11/2024)

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 or 800-492-6836
www.mbp.state.md.us

For Board Use Only
Program accredited?

Y _____ N _____
Date verified: _____

**VERIFICATION OF EDUCATION:
ACCREDITED SLEEP TECHNOLOGIST EDUCATION PROGRAM**

Part 1

APPLICANT: Complete Part 1 and send this form to the provider where you completed your A-STEP.

Name: _____
Last name and generational indicator (Jr., Sr., II, III, etc.) First name Middle name Maiden name

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____
mm dd yyyy

A-STEP Provider: _____

Attended from: _____ to _____

Date of Graduation: ____ mm/yyyy Degree Received: _____

Applicant's Signature: _____ Date: _____

Part 2

REGISTRAR, DEAN, PRINCIPAL or OTHER AUTHORIZED OFFICIAL: Please complete this form and email it to: mdh.mbpcredentials@maryland.gov.

I hereby certify that the above-named individual attended this institution during the inclusive dates of:

____ to ____ The individual graduated with a(n):
mm/dd/yyyy mm/dd/yyyy

A.S./A.S.

Certificate

B.S./B.A.

Master's Degree

Other: _____
(specify)

in _____ on ____
Educational Program mm/dd/yyyy

The program was accredited by: _____
Name of accrediting agency, e.g., CAAHEP, AASM

Printed Name of Authorized Official

Name of Institution

Title of Authorized Official

Telephone Number

Fax Number

Signature of Authorized Official

Date

**SEAL
OF THE
INSTITUTION**