

**Application: AASM Innovations in Sleep Medicine Education Program  
Part-Time Model**

Submit this form and all required attachments to Sally Podolski via email, [spodolski@aasm.org](mailto:spodolski@aasm.org)  
or fax, (630) 737-9790

**Sleep Medicine Program Information:**

**Program Director Name:** \_\_\_\_\_

**Designated Faculty Lead/Champion (if different from Program Director):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**ACGME Program Name:** \_\_\_\_\_

**ACGME Program Number:** \_\_\_\_\_

**ACGME Program Accreditation Status:** \_\_\_\_\_

**Departmental Affiliation of Sleep Medicine Fellowship:** \_\_\_\_\_

**Program Citations and/or areas for improvement (AFI): List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.:** \_\_\_\_\_

**Sponsoring Institution:** \_\_\_\_\_

**Designated Institutional Official Name:** \_\_\_\_\_

**Sponsoring Institution Accreditation Status:** \_\_\_\_\_

**Required Attachments:**

- Cover Letter
- Support letter from sleep medicine Program Director and Division/Department Chief
- Support letter from Designated Institutional Official
- CV of sleep medicine Program Director
- Program status form