

**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
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