

APPLICATION

Submit this form and all required attachments to Sally Podolski via email,
spodolski@aasm.org

Sleep Medicine Program Information:

Program Director Name:			
Designated Faculty Lead/Champion (if different from Program Director):			
Address:			
Address Line 2:			
City:	State:	Zip:	Country:
Phone:		Email:	

ACGME Program Information:

Name:	Number:	Accreditation Status:
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Departmental Affiliation of Sleep Medicine Fellowship:

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Does your program have a potential candidate to participate in the Part-Time pilot model of fellowship training for AY 2022/23?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list name and specialty:

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:
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Sponsoring Institution:

Designated Official Name:	Sponsoring Accreditation Status:
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Required Attachments:

<input type="checkbox"/> Cover Letter <input type="checkbox"/> Support letter from sleep medicine Program Director and Division/Department Chief <input type="checkbox"/> Support letter from Designated Institutional Official <input type="checkbox"/> CV of sleep medicine Program Director <input type="checkbox"/> Program Status Form
