

AMERICAN ACADEMY of SLEEP MEDICINE
2012 Mini-Fellowship in Sleep Medicine for International Scholars

Application Instructions
Deadline: October 24, 2011

Required Materials and Documentation

All application requirements must be translated and submitted in English by a certified translator. Please submit documents as PDFs if possible.

1. Completion of the attached application form (typed).
2. Provide copies of the following (*all*):
 - a. Certificate, diploma or transcript showing graduation from a nationally or regionally accredited medical school;
 - b. Evidence of Licensure to practice medicine in home nation;
 - c. Evidence of certification in a specialty area by a national or regional medical specialty group.
 - d. A valid Passport from home country (must be eligible to obtain a visa to travel to the US for approximately one month if selected).
3. Provide the following documents (*all*):
 - a. Documentation of an active medical practice affiliation with a national or regional medical facility in home nation.
 - b. A Curriculum Vitae.
 - c. A letter of recommendation to study sleep medicine from a senior faculty medical officer at the affiliated medical facility with an assurance that the applicant will practice this specialty in their home nation upon his/her return.
 - d. A letter of recommendation from a mentor or colleague attesting the applicant's character and clinical skills.
 - e. A one- to two-page letter by the applicant describing the existing state of affairs of the practice of sleep medicine in his/her home country, detailing professional experience and reasons why the candidate is interested in sleep medicine. *This information will be provided to the host center to initiate the development of the fellowship curriculum.*
 - f. A description of previous research experience (if applicable). A copy of a previous publication and/or description of previous experience in the applicant's field of clinical medicine. Previous exposure or experience in the field of Sleep Medicine (if any, including Sleep Medicine courses and/or conferences) should be described and documented.

AMERICAN ACADEMY of SLEEP MEDICINE
2012 Mini-Fellowship in Sleep Medicine for International Scholars

2012 Mini-Fellowship Application

CONTACT INFORMATION		
Name:	_____	_____
	<i>First</i>	<i>Middle</i>
		<i>Family Name/Last</i>
Mailing Address:	_____	

Telephone:	_____	Email: _____

Medical Specialty: _____

Certified by Specialty Board or by Examination?

NO

YES – *Year Certified:* _____

Name of Certifying Organization: _____

Medical Education: _____

Name of University or Educational Program

Year of Graduation:

Address

Current Academic or Medical Facility Affiliation:

Facility Name

Address

Telephone

Fax

AMERICAN ACADEMY of SLEEP MEDICINE
2012 Mini-Fellowship in Sleep Medicine for International Scholars

Applicant Name: _____

Financial support for travel expenses, housing, food, and miscellaneous during the Mini-Fellowship will come from (current employer, self-financed, other- please list):

Hospital/University where Applicant will practice after Fellowship:

Hospital/University Name

Address

Telephone

Fax

Signature of Applicant: _____

Submit completed application and required documents by email to:

Christine Stepanski, Education Coordinator
American Academy of Sleep Medicine
Email: cstepanski@aasmnet.org

Due Date for Completed Application (Including Required Documents): October 24, 2011

Applications received after this date will not be considered for the 2012 Mini-Fellowship Program.