

AMERICAN ACADEMY of SLEEP MEDICINE
2013 Mini-Fellowship in Sleep Medicine for International Scholars

Application Instructions
Deadline: November 5, 2012

Required Materials and Documentation

All application requirements must be translated and submitted in English. 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.

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2013 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

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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): November 5, 2012

Applications received after this date will not be considered for the 2013 Mini-Fellowship Program.