

RESIDENCY REVIEW COMMITTEES FOR SLEEP MEDICINE

515 N State, Ste 2000, Chicago, IL 60610 • (312) 755-5496 • www.acgme.org

PROGRAM INFORMATION FORM FOR SLEEP MEDICINE

INSTRUCTIONS

APPLICATION FOR A NEW PROGRAM:

All applications for a new program must be initiated by the Sponsoring Institution Designated Institutional Official (DIO) using the Accreditation Data System (ADS) found on the ACGME home page (www.acgme.org). The Program Information Form (PIF) is separated into 2 parts. Part 1 is to be completed online after the DIO completes the initial application step and provides a user ID and password to the Program Director. Using the assigned user ID and password the Program Director must complete the 8 step process and print all 4 sections.

Complete Part 2 of the PIF using your preferred word processor only after Part 1 has been completed. Combine Part 1 and Part 2, number the pages consecutively on the upper right corner, beginning with Part 1 Section 1, complete the Table of Contents (found with the Part 2 instructions), and obtain all required signatures. Mail three copies to the Committee at the address above.

All sections of the form applicable to the program must be completed in order to be accepted for review. The information provided should describe the proposed program. For items that do not apply, indicate N/A in the space provided. Where patient numbers are requested, estimate what you expect will occur. If any requested information is not available, an explanation should be given and it should be so indicated in the appropriate place on the form.

REVIEW OF AN ACCREDITED PROGRAM (RE-ACCREDITATION):

Go to the Accreditation Data System (ADS) found on the ACGME home page (www.acgme.org), using your previously assigned user ID and password, update your program and resident data, retrieve Part 1 of the PIF under the Site Visit Information section and print all sections of Part 1 of the PIF. If you find items displayed incorrectly change your data using ADS update sections; in some instances you may need to contact your DIO for the entry of updated information.

Complete Part 2 of the PIF using your preferred word processor only after Part 1 has been completed. Combine Part 1 and Part 2, number the pages consecutively on the upper right corner, beginning with Part 1 Section 1, complete the Table of Contents (found with the Part 2 instructions) and obtain all required signatures. Mail three copies to the Committee at the address above.

GENERAL INSTRUCTIONS:

The Institutional Requirements, the Program Requirements, and the PIF may be downloaded from the ACGME Website (www.acgme.org). Before completing the accompanying form, please review the Program Requirements for Residency Education in Sleep Medicine and, if applicable, the General Requirements for Residency Education in Subspecialties (Internal Medicine and Pediatrics).

For word processing questions/problems, contact the ACGME Help Desk (Phone: 312-755-7464).

For content related issues, contact 312-755-5496.

For questions regarding the Web Accreditation Data System, contact 312-755-7117 to reach an ADS representative or email WebADS@acgme.org.

For a glossary of terms, use the following link –
http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp

The forms are designed for use by single institution as well as multi-institution programs. The Program Director is responsible for the collection of data and other information from each participating institution. All the information is

to be consolidated and reported on a single set of forms which must be signed by the Program Director and Designated Institutional Official. If more space is required to respond to an item, expand the text boxes as necessary. The information provided should be complete but concise and should not include unrequested material such as reprints, brochures, computer printouts, catalogs, or lengthy CVs.

FACULTY DATA: In Part 1 (online in ADS), Section 4.A, list each teaching staff member (physicians, scientists, etc.) who devotes at least ten clinical, supervisory or didactic hours a week to the fellowship at each institution. In Section 4.B, provide a one page CV for each teaching staff member listed on 4.A.

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PROGRAM INFORMATION FORM FOR SLEEP MEDICINE (Part 2)

Program Name: _____

TABLE OF CONTENTS

When you have the completed forms, **number each page consecutively in the upper right hand corner**. Start on Part 1, Section 1 of the PIF. Report this pagination in the Table of Contents and submit this page with the completed PIF.

Part 1	Section	Page(s)
General Program Information	1	
Accreditation Information	1.A	
Program Director Information	1.B	
Participating Institutions	2	
Resident Complement	3	
Number of Positions	3.A	
Actively Enrolled Residents	3.B	
Faculty / Teaching Staff	4	
Faculty Roster	4.A	
Faculty Curriculum Vitae	4.B	

Part 2	Section	Page(s)
Background Information	5	
Previous Citations or Concerns (if applicable)	5.A	
Changes (if applicable)	5.B	
Sponsoring Institution/Single Residency Institution (see ACGME Institutional Requirements)	5.C	
Competency Assessment	5.D	
Facilities and Resources for Training	6	
Administration of the Sleep Medicine Fellowship Program	7	
Other Professional Faculty in the Sleep Medicine Fellowship Program	8	
Rotation/Assignment Description	9	
Curriculum	10	
Specific Program Content	11	
Clinical Experience	12	
Required Conferences	13	
Research and Scholarly Activity	14	
Evaluation and Counseling	15	
Narrative	16	
Documents Checklist	17	

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PROGRAM INFORMATION FORM FOR SLEEP MEDICINE (Part 2)

SECTION 5. BACKGROUND INFORMATION

A. Previous Citations or Concerns (if applicable)

List the citations from last RRC accreditation if applicable and describe briefly the steps that have been taken to address the citations or suggestions made by the RRC. If documentation is required, provide a specific reference to the information provided in the PIF or append additional support materials. If no citations were listed, indicate this in the response.

B. Changes (if applicable)

Briefly describe major changes, other than those included in the response to previous citations and/or concerns (above) that have been implemented since the last survey and review. Include changes in sponsoring organization, participating hospitals, required rotations, resident complement, and facility or facilities.

C. Sponsoring Institution/Single Residency Institution (see ACGME Institutional Requirements – if applicable)

For those institutions which are either a single-program institution (e.g., Sleep Medicine only), or an institution with multiple residencies accredited by the **same** Residency Review Committee, the institutional review will be conducted in conjunction with the review of the program. **Only programs in these two categories are to complete the following institutional questions. Complete only if "single/limited site sponsor" field in Part 1, Section 2 is YES.**

1. Provide an institutional statement that commits the necessary financial, educational and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, the administration and the teaching staff (Appendix 14).
2. Describe the formal method by which a periodic evaluation of the program's educational quality and compliance with the program requirements occurs. Explain how fellows and faculty in the program are involved in the evaluation process.

3. Describe how the institution complies with the Institutional Requirements regarding "Resident Eligibility and Selection" and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of fellows in accordance with the Program and Institutional Requirements.

4. Summarize how the institution complies with the ACGME Institutional Requirements regarding fellow support, benefits and conditions of employment to include the details of the resident contract or agreement as outlined in the ACGME Institutional Requirements. (Do not append the resident contract/agreement to the PIF but state when it is given to the residents and applicants. Have a copy available for verification by

the site visitor on the day of the survey with the various items required by the ACGME numbered according to the Institutional Requirements.)

5. Describe in detail the grievance (due process) procedure(s) that is available to fellows, including the composition of the grievance committee, and mechanisms for handling complaints and grievances related to actions which could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a fellow's intended career development.

D. Competency Assessment

For existing programs (not new applications):

The ACGME is monitoring the implementation of general competencies and assessment by using a common data collection tool. Log onto the Web Accreditation Data System and proceed to the Site Visit Information section and select *Update/Verify Competency and Assessment Form* to enter your information. Once the information has been entered and saved, select *Print ADS Competency and Assessment Form* to generate a printed copy of the form and attach it to the end of PIF.

For programs seeking new and continued accreditation:

Provide a brief summary of the steps your program will take to implement and evaluate each of the six ACGME general competencies. (Appendix 3)

SECTION 6. FACILITIES AND RESOURCES FOR TRAINING

Use the institution numbers and names as they appear in Part 1, Section 2. to complete this facilities checklist for all participating institutions used for routine rotations.

Checklist	Institution #1	Institution #2	Institution #3	Institution #4	Institution #5
AASM-accredited sleep center	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
# of fully-equipped sleep bedrooms					
Pediatric monitoring facilities and equipment	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Adequate laboratory support area	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Fellow office	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Outpatient clinic facilities	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Adequate clinic support staff	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Sleep center library	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
On-site medical library	() YES () NO				
Electronic medical data base access	() YES () NO				
Conference room	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Adequate educational support (AV/computers)	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Residency programs in:					
Internal Medicine	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Neurology	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Otolaryngology	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Pediatrics	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO
Psychiatry	() YES () NO	() YES () NO	() YES () NO	() YES () NO	() YES () NO

Comment on any items on the checklist which are not available at one or more institutions.

SECTION 7. ADMINISTRATION OF THE SLEEP MEDICINE FELLOWSHIP PROGRAM

- 1. There is a single program director responsible for the sleep medicine fellowship program? () YES () NO
- 2. The program director's office is located at the primary training site? () YES () NO
- 3. There is adequate institutional support for the program director's administrative time spent in the program? () YES () NO
- 4. The administrative support for the program director includes adequate secretarial and administrative staff? () YES () NO
- 5. The administrative support for the program director includes adequate technological support? () YES () NO
- 6. The funds received from the sponsoring institution to support faculty & fellows and other aspects of the sleep medicine fellowship program are adequate? () YES () NO
- 7. There is adequate financial support from your institution for the research components of your program? () YES () NO
- 8. There are adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the sleep medicine fellowship program? () YES () NO
- 9. There are adequate facilities in the ambulatory settings (i.e. exam rooms, meeting/conf room, work area) for patient care and the educational components of the program? () YES () NO
- 10. Does the program director have sufficient authority to:
 - a. Select fellows for appointment () YES () NO
 - b. Determine fellow rotations-- including amount of fellow off-site time () YES () NO
 - c. Control fellow work load--including number of patients--on all rotations at principal teaching hospital () YES () NO
 - d. Control teaching space and other facilities relevant to the training program () YES () NO
 - e. Make the teaching assignments – (teaching attendings) () YES () NO
 - f. Determine which physicians have admitting privileges to the teaching services () YES () NO
 - g. Determine fellowship curriculum, including content of conferences fellows usually attend () YES () NO

If the answer to any of the above questions is no, please explain below.

SECTION 8. OTHER PROFESSIONAL FACULTY IN SLEEP MEDICINE

Provide the following information for all other physician faculty who participate in the sleep medicine program but devote less than 10 hours per week, on average, to the training program. Duplicate page if necessary.

NAME	SPECIALTY 1	YEAR CERT	SPECIALTY 2	YEAR CERT	SPECIALTY 3	YEAR CERT	HRS/WK	WKS/YR
ROLE IN PROGRAM:								
NAME	SPECIALTY 1	YEAR CERT	SPECIALTY 2	YEAR CERT	SPECIALTY 3	YEAR CERT	HRS/WK	WKS/YR
ROLE IN PROGRAM:								
NAME	SPECIALTY 1	YEAR CERT	SPECIALTY 2	YEAR CERT	SPECIALTY 3	YEAR CERT	HRS/WK	WKS/YR
ROLE IN PROGRAM:								
NAME	SPECIALTY 1	YEAR CERT	SPECIALTY 2	YEAR CERT	SPECIALTY 3	YEAR CERT	HRS/WK	WKS/YR
ROLE IN PROGRAM:								
NAME	SPECIALTY 1	YEAR CERT	SPECIALTY 2	YEAR CERT	SPECIALTY 3	YEAR CERT	HRS/WK	WKS/YR
ROLE IN PROGRAM:								

SECTION 9. ROTATION/ASSIGNMENT SCHEDULE

Instruction: Prepare the block diagram that describes the **Rotations/Assignments** (including inpatient, ambulatory, consulting, research, etc.) for a typical sleep medicine fellow. **Do not include vacation blocks.** Use distinct titles/abbreviations for each rotation/experience for example:

SDC = Sleep Disorder Clinic

IP = Inpatient

PN = Pediatric Neurology

AN = Adult Neurology

EM = Emergency Room

PSYC = Psychiatry

ELEC = Elective

OP = Outpatient

If a rotation/assignment includes more than 1 experience, please list all that apply. For example: AN/SDC.

PLEASE PROVIDE A ROTATION SCHEDULE NARRATIVE THAT ACCURATELY DESCRIBES THIS COMPONENT OF YOUR PROGRAM. (APPENDIX 4)

Month	1	2	3	4	5	6	7	8	9	10	11	12
Rotations												
Institution/Site												
Does the fellow attend continuity clinic during this rotation? (Y/N)												
Average Number of Hours on Duty per Week												
Number of Full Days off per week During this Rotation/Assignment												
Frequency of In House Night Call (Q3, Q4, etc.)												
Avg # hrs/week on phone calls and returning to hospital while on home call												

SECTION 10. CURRICULUM

1. Is there a core lecture series? () YES () NO
2. Is there a written curriculum for each major rotation or learning experience? () YES () NO
3. Have you revised the written curriculum in the last three years? () YES () NO
Date of Last Revision _____
4. Did fellows participate in the last revision of the written curriculum? () YES () NO
5. Did the faculty participate in the last revision of the written curriculum? () YES () NO
6. Is the written curriculum distributed to fellows and faculty? () YES () NO
7. Are rotation goals and objectives reviewed by faculty with the fellows at the start of each new rotation and assignment? () YES () NO

SECTION 11. SPECIFIC PROGRAM CONTENT

Indicate how fellows obtain experience and if they are required to demonstrate a comprehensive knowledge and/or competence in the following program content areas:

SPECIFIC PROGRAM CONTENT	Formal Instruction (Y/N)	Clinical Experience (Y/N)	Demonstrate Comprehensive Knowledge (Y/N)	Demonstrate Competence (Y/N)
Sleep Physiology and Mechanisms				
Basic neurologic sleep mechanisms				
Chronobiological mechanisms				
Respiratory physiology during sleep and pathophysiology				
Airway anatomy				
Cardiovascular physiology during sleep and pathophysiology				
Endocrine physiology during sleep and pathophysiology				
Gastrointestinal physiology during sleep and pathophysiology				
Ontogeny of sleep/sleep across the life span				
Pharmacology of sleep				
Evaluation and Clinical Manifestations of Sleep Disorders				
Performing physical, neurological and mental status exams				
Integrating information obtained from patient history, examinations and test results to arrive at a diagnosis and treatment plan				
Diagnosis of medical and psychiatric sleep disorders				
Diagnosis of sleep disorders associated with common medical, neurological and psychiatric conditions				
Opportunities to formulate a clinical diagnosis and to order and use laboratory data to clinically evaluate a patient's condition				
Medical, neurological and psychiatric disorders displaying symptoms likely to be related to sleep disorders				
Nosology for sleep disorders				
Etiopathogenic characterization of sleep disorders				
Clinical Manifestations of sleep disorders:				
Evaluation of patients presenting with:				
Excessive sleepiness				
Difficulty initiating or maintaining sleep				
Parasomnias				
Biological rhythm disorders				
Pediatric and neonatal sleep medicine				
SIDS and related respiratory distresses				
Medical, neurologic and psychiatric disorders displaying symptoms likely to be related to sleep disorders				
Cardiac related sleep disorders				

SPECIFIC PROGRAM CONTENT	Formal Instruction (Y/N)	Clinical Experience (Y/N)	Demonstrate Comprehensive Knowledge (Y/N)	Demonstrate Competence (Y/N)
Neurologic related sleep disorders				
Otolaryngologic related sleep disorders				
Pediatric related sleep disorders				
Psychiatric related sleep disorders				
Psychologic including neurophysiology, pathology and radiology related sleep disorders				
Consultative skills in sleep medicine				
Diagnostic Strategies and Testing in Sleep Medicine				
Diagnostic strategies in sleep disorders:				
Etiologies, prevalence, diagnosis and treatment of sleep disorders				
Use, reliability and validity of techniques for diagnostic assessment				
Administration and interpretation of psychological tests				
Operation of polysomnographic monitoring equipment				
Recognition of indications/limitations of the following diagnostic tests and interpretation of results:				
Polysomnography				
Scoring/interpretation of polysomnograms and recognition of artifacts				
Multiple sleep latency testing				
Maintenance of wakefulness testing				
Actigraphy				
Portable monitoring related to sleep disorders				
Imaging studies, magnetic resonance imaging				
Psychological and psychometric tests				
Skills necessary to perform polysomnographies , including multiple sleep latency and maintenance of wakefulness tests				
Treatment Strategies in Sleep Medicine				
Longitudinal experience in caring for patients with a wide range of sleep disorders				
Formulating appropriate treatment plans and making appropriate referrals				
Interactions between treatment for sleep disorders and other medical, neurological and psychiatric treatment				
Major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments and other somatic therapies				
Treatment strategies in sleep disorders including:				
Obstructive sleep apnea				

SPECIFIC PROGRAM CONTENT	Formal Instruction (Y/N)	Clinical Experience (Y/N)	Demonstrate Comprehensive Knowledge (Y/N)	Demonstrate Competence (Y/N)
Insomnia				
Narcolepsy and idiopathic CNS hypersomnolence				
Parasomnias				
Circadian rhythm disorders				
Education and Teaching in Sleep Medicine				
Teaching sleep medicine to students in the health professions				
Basic and Clinical Research				
Research methods in the clinical and basic sciences				
Critically appraising the professional and scientific literature				
Management, Administration and Financing – The Business of Sleep Medicine				
Experience in sleep disorders center administration				
Systems-based skills that include working in outpatient and inpatient settings and effectively utilizing health care resources				
Financing and regulation of sleep medicine				
Leadership of interdisciplinary teams				
Medical Ethics and Legal Aspects of Sleep Medicine				
Medical ethics and its application in sleep medicine				
Legal aspects of sleep medicine				
Certification in cardiopulmonary resuscitation				

Section 12. CLINICAL EXPERIENCE

Complete the following chart by inserting the requested data for each institution where the Sleep Medicine fellows will be assigned for outpatient experiences. The data is based on the last academic year. Use the institution numbers as they appear in Part 1, Section 2.

Please provide a narrative which describes how fellows gain experience in the longitudinal care of patients seen in consultation. (Appendix 5)

Adult	Institution #1	Institution #2	Institution #3	Institution #4
Total number of outpatient consultations per year				
Total number of inpatient consultations per year				
Total number of followup outpatient visits per year				
Total number of polysomnographies performed per year				
Total number of multiple sleep latency tests performed per year				
Number of half-day sessions per Sleep Medicine fellow during the 12-month program				
Number of new patients per Sleep Medicine fellow during the 12-month program*				
Number of follow-up visits per Sleep Medicine fellow during the 12-month program				
Average number of patients seen by a Sleep Medicine fellow during a half-day clinic session				
Number of on-site faculty assigned to supervise the clinic session				

Pediatric	Institution #1	Institution #2	Institution #3	Institution #4
Total number of visits per year				
Total number of followup outpatient visits per year				
Total number of polysomnographies performed per year				
Number of half-day sessions per year per Sleep Medicine fellow during the 12-month program				
Number of new patients per Sleep Medicine fellow during the 12-month program*				
Number of follow-up visits per Sleep Medicine fellow during the 12-month program				
Average number of patients seen by an Sleep Medicine fellow during a half-day clinic session				
Number of on-site faculty assigned to supervise the clinic session				

* Patients seen by the Sleep Medicine fellow for a comprehensive evaluation.

Patient Data	Institution #1	Institution #2	Institution #3	Institution #4
Total number of patients with a diagnosis of:				
Sleep apnea				
Parasomnia				
Circadian rhythm disorders				
Insomnia				
Narcolepsy				

SECTION 13. REQUIRED CONFERENCES

Please answer the following questions regarding conferences conducted in your residency program:

- 1. How many times per month is a Core Curriculum conference conducted for fellows in your program? (record a number)
- 2. Do faculty attend the Core Curriculum conference? () YES () NO
- 3. How many times per month is a Journal Club conducted for fellows in your program? (record a number)
- 4. Do faculty attend Journal Club? () YES () NO
- 5. How many times per month are Multidisciplinary Conferences conducted for fellows in your program? (record a number)
- 6. Do fellows routinely make presentations at:
 - a. Clinical Conferences () YES () NO
 - b. Journal Club () YES () NO
 - c. Multidisciplinary Conferences () YES () NO

Please attach a copy of the core curriculum conference schedule. (Appendix 6)

SECTION 14. SLEEP MEDICINE RESEARCH

1. What percentage of the KEY FACULTY (listed in Part 1) participate in research in the residency program?

2. What is the number of papers published in peer-reviewed professional journals by faculty members from the sleep medicine program during the last three years?

3. What is the number of published abstracts or poster presentations at national specialty meetings by sleep medicine faculty in the last three years? (Do not include local or regional presentations)

4. What percentage of the fellows who have completed training have participated in a research project?

5. Do all fellows who participate in a research project have a faculty preceptor? () YES () NO

Attach research and scholarly activities of fellows for the last three years and underline fellows' names. (Appendix 7)

SECTION 15. EVALUATION AND COUNSELING

1. Does the sleep medicine program director meet with each fellow at least twice a year to review their performance and counsel them? () YES () NO
2. Is individual fellow performance assessed by the faculty at least once very two months? () YES () NO
3. Does the supervising teaching attending review the performance of the fellow verbally with him or her at the completion of each rotation? () YES () NO
4. Are faculty instructed to evaluate fellows for the following:
 - Ability to take an appropriate medical history? () YES () NO
 - Ability to perform an appropriate physical examination? () YES () NO
 - Ability to choose appropriate diagnostic studies? () YES () NO
 - Ability to formulate differential diagnosis or problem lists? () YES () NO
 - Ability to develop management plans? () YES () NO
 - Ability to perform procedures? () YES () NO
 - Ability to formulate discharge planning? () YES () NO
 - Ability to establish good interpersonal relationships with patients, families, other fellows, other healthcare workers and attending physicians? () YES () NO
 - Ability to behave towards others (especially patients) with integrity, respect and compassion? () YES () NO
 - Ethical behavior? () YES () NO
5. Are fellows' humanistic qualities routinely evaluated and documented as part of their overall performance? () YES () NO
6. In the event of an adverse annual evaluation, is the fellow offered an opportunity to address judgments of academic deficiency or misconduct before an appropriately constituted clinical competence committee? () YES () NO
7. Are there written records of the following:
 - Evaluation of fellows for each rotation? () YES () NO
 - Evaluation of fellows' continuity experience? () YES () NO
 - Each formal review of fellow evaluations by the program director? () YES () NO
 - Other counseling sessions of a fellow by program director? () YES () NO

8. Are the written records for each fellow readily accessible for the fellow to review? () YES () NO
9. Are the written records maintained in the program files to substantiate future judgments in hospital credentialing board certification, agency licensing, and in other bodies' actions? () YES () NO
10. Are teaching attendings evaluated confidentially, in writing, by the fellows whom they supervise during rotations and continuity experience? () YES () NO
11. Are evaluation results regularly communicated to faculty members? () YES () NO
12. Are rotations at hospitals and other training settings other than the principal teaching hospital evaluated by the fellows in writing for the program director? () YES () NO
13. Do fellows have an opportunity to confidentially evaluate the program in writing as a whole at least annually? () YES () NO

SECTION 16 NARRATIVE

1. List the outstanding or special features of the program.
2. List those aspects of the program and/or its component institutions/other training sites and faculty that warrant strengthening.
3. Narrative description for additional year(s) of training if offered.

It is the expectation of the RRCs that the program requirements for training in sleep medicine will be met within one year of training. If the program determines that more lengthy training, not to exceed 12 additional months, is required in order to meet the program requirements, or to facilitate training specifically designed for physician-investigators, then this additional training needs to be described in detail and justified in terms of why the clinical training cannot be incorporated into the format specified in the program requirements. This description should include the following:

- a. A description of the rationale for the extension of required training in order to accommodate enhanced opportunities for training in basic or clinical investigation.
- b. A schedule of clinical and research rotations and justification for sequencing if the clinical components of extended training are not substantially consecutive.
- c. A description of the clinical experiences scheduled during research training periods.

It must be understood that the training program will be accredited for a maximum of one year for sleep medicine. In accrediting any program that extends beyond this period, the RRCs will acknowledge the extended length of the program.

SECTION 17. DOCUMENTS CHECKLIST

Instructions: Please send a copy of each of the following documents. If the document contains the name of a patient, fellow or faculty member, please obliterate the person's name in order to maintain confidentiality. Please label each document with the document number, listed below. If the document does not exist, provide an explanation for its absence in the Narrative (Section 16).

APPENDICES	Check if Enclosed
1. Affiliation agreement(s) or letter(s) with other hospitals and non-hospital training settings	
2. For each training site, description of lines of responsibility among fellows at various stages in training and attending physicians on each type of teaching service	
3. ACGME General Competencies (from Section 5.D)	
4. Rotation Schedule Narrative (from Section 9)	
5. Longitudinal Care Experience (from Section 12)	
6. Core Curriculum Conference Schedule (from Section 13)	
7. List of fellow-authored research and scholarly activities for the last three years (from Section 14)	
8. Policy on moonlighting	
9. Form, log or other document of recording fellow procedures	
10. Evaluation forms used by faculty to evaluate fellow performance	
11. Evaluation forms used by fellows to evaluate faculty teaching skills	
12. Evaluation forms used by fellows to evaluate the program	
13. Formal review and counseling of a fellow by program director and/or the committee to evaluate clinical competence	
14. Single Site Sponsor Letter of Agreement (from Section 5.C) (-if applicable)	