

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:	
Address:			
Address Line 2:			
City:	State:	Postal Code:	Country:
Phone:		Email:	

ACGME Program Information:

Name:	Number:	Accreditation Status:
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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.:
Accreditation Status:

Institution Information

Sponsoring Institution:
Designated Institutional Official Name:
Sponsoring Institution Accreditation Status:

Blended Program Information

(adult pulmonary medicine, adult critical care medicine, pediatric pulmonology)

Program Director Name:		Title:	
Address:			
Address Line 2:			
City:	State:	Postal Code:	Country:
Phone:		Email:	

ACGME Program Information:

Number:	Accreditation Status:
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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.: Accreditation Status:
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Institution Information (if different from above):

Sponsoring Institution:
Designated Institutional Official Name:
Sponsoring Institution Accreditation Status:

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

<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list their name and specialty
<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric Pulmonary

Are the Sleep Medicine and Pulmonary fellowships that will be blended housed in the same Division/Department at your institution?

<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please describe the institutional relationship between the programs:

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 the Program Director and Division/Department Chief of the related fellowship program	<input type="checkbox"/> Support letter from Designated Institutional Official
<input type="checkbox"/> CV of sleep medicine Program Director	<input type="checkbox"/> CV of related fellowship Program Director	<input type="checkbox"/> Program status form	<input type="checkbox"/> One page description of the plan for successful integration with pulmonary/critical care training. Include discussion around clinical encounters, sleep study interpretation, and pediatrics.