



**Application: AASM Innovations in Sleep Medicine Education Program
Blended Model**

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): _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City, State, Zip: _____

ACGME Program Name: _____

ACGME Program Number: _____

ACGME Program Accreditation Status: _____

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.: _____

Sponsoring Institution: _____

Designated Institutional Official Name: _____

Sponsoring Institution Accreditation Status: _____

Blended Program Information (pulmonary diseases, pulmonary critical care medicine, pediatric pulmonology):

Program Director Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

City, State, Zip: _____

ACGME Program Number: _____

ACGME Program Accreditation Status: _____

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.:

Sponsoring Institution (if different from above): _____

Designated Institutional Official Name (if different from above): _____

Sponsoring Institution Accreditation Status (if different from above): _____

Does your program have a potential candidate to participate in the Blended pilot model of fellowship training for AY 2023/24? Yes No

If Yes, please list name and if they specialize in Adult or Pediatric Pulmonary:

Are the Sleep Medicine and Pulmonary fellowships that will be blended housed in the same Division/Department at your institution? Yes/No

If No, please describe the institutional relationship between the programs: _____

Required Attachments:

- Cover Letter
- Support letter from sleep medicine Program Director and Division/Department Chief
- Support letter from the Program Director and Division/Department Chief of the related fellowship program
- Support letter from Designated Institutional Official
- CV of sleep medicine Program Director
- CV of related fellowship Program Director
- Program status form
- On the following page, please complete a description of the plan for successful integration with pulmonary/critical care training. Include discussion around clinical encounters, sleep study interpretation, and pediatrics.

