



## Application: AASM Innovations in Sleep Medicine Education Program Part-Time Model

Submit this form and all required attachments to Jenny Bogda via email, [jbogda@aasm.org](mailto:jbogda@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:	
Departmental Affiliation of Sleep Medicine Fellowship:	
Does your program have a potential candidate to participate in the Part-Time pilot model of fellowship training for AY 2025/26? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If Yes</b> , please list name and specialty:	
<u><a href="#">Program Citations and/or areas for improvement (AFI):</a></u> List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.:	
Sponsorship institution:	Designated Institutional Official Name:
Sponsorship Institution Accreditation Status:	

### 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 Designated Institutional Official <input type="checkbox"/> CV of sleep medicine Program Director <input type="checkbox"/> Program Status form
---