



Program Status Form

Submit this form and all required attachments to Jenny Bogda via email, jbogda@aasm.org

Potential Criteria for Program Selection:

1. Do you have a traditional fellow committed to your fellowship (i.e. through the Match) for AY 2025/26?
2. How many fellows do you have committed on the traditional pathway for AY 2025/2026?
3. Would you be willing to self-fund one pilot fellow? <input type="checkbox"/> Yes <input type="checkbox"/> No/Unsure
4. Provide a list of your program's current core faculty and their subspecialty backgrounds:
5. Please provide the specialty training background(s) (e.g., internal medicine, neurology, family medicine, psychiatry, etc.) of the fellows you have trained over the last five years.
6. What is your board pass rate for fellows completing your program over the last 5 years?
7. As a separate attachment, please provide a 1 - 3 page document that contains the following information: <ul style="list-style-type: none">• Details regarding the logistics of the clinical and educational experience your program will provide, including:<ul style="list-style-type: none">○ A block schedule/template (akin to WebADs) summarizing the proposed training schedule with clinical experiences of each block (see AIRE block diagram template and the ACGME Guide to Construction of a Block Diagram and sample)<ul style="list-style-type: none">▪ For each rotation or block description please include (where applicable):<ul style="list-style-type: none">• core sleep clinical/laboratory experiences• pediatric sleep medicine exposure• exposure to ancillary experiences related to sleep medicine• inpatient sleep medicine exposure• The didactic curriculum• Description of how AIRE fellows will impact and interact with traditional pathway trainees (and vice versa) at your institution

AIRE Block Diagram Template

Please fill out the block diagram for the sleep fellow's schedule and also complete a written description of each rotation experience. Please include clinical and procedural experience as well as pediatric and ancillary experiences (e.g. EEG, ENT, etc.) in the rotation description where applicable.

Year 1

Block												
Rotation Name												

Rotation Description:

Year 2

Block												
Rotation Name												

Rotation Description:

Year 3 (For Blended Models Only)

Block												
Rotation Name												

Rotation Description: