



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

Submit this form and all required attachments to Maggie Kosinski via email at [mkosinski@aasm.org](mailto:mkosinski@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:	
<a href="#">Program Citations and/or areas for improvement (AFI):</a> 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 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:	
<a href="#">Program Citations and/or areas for improvement (AFI):</a> 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 2026/27? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
- ☐ CV of program participant, if identified
- ☐ Program status form
- ☐ On the following page, please complete a description of the plan for successful integration with the pulmonary/critical care training. Include discussion around clinical encounters, sleep study interpretation, and pediatrics.

