



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

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:	
<u>Program Citations and/or areas for improvement (AFI):</u> 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:	
<u>Program Citations and/or areas for improvement (AFI):</u> 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.

