



## Application: AASM Innovations in Sleep Medicine Education Program Part-Time 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:	
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 2026/27? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If Yes</b> , please list name and specialty:	
<p><b><u>Program Citations and/or areas for improvement (AFI):</u></b></p> <p>List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.:        </p>	
Sponsorship institution:	Designated Institutional Official Name:
Sponsorship Institution Accreditation Status:	

## Required Attachments

- Cover Letter
- Support letter from sleep medicine Program Director and Division/Department Chief
- Support letter from Designated Institutional Official
- CV of sleep medicine Program Director
- CV of program participant, if identified
- Program Status form