



## 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:

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|--|---|
| 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                               |   |
| If Yes, please list name and specialty:  |   |
| <a href="#">Program Citations and/or areas for improvement (AFI):</a><br>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

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| <input type="checkbox"/> Cover Letter<br><input type="checkbox"/> Support letter from sleep medicine Program Director and Division/Department Chief<br><input type="checkbox"/> Support letter from Designated Institutional Official<br><input type="checkbox"/> CV of sleep medicine Program Director<br><input type="checkbox"/> CV of program participant, if identified<br><input type="checkbox"/> Program Status form |
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