

AMERICAN ACADEMY of SLEEP MEDICINE
2005 Fellowship in Sleep Medicine for International Scholars

Application Instructions

Required Materials & Documentation:

1. Completion of the attached application form (typewritten).
2. Provide copies of the following (*all*):
 - a. Certificate, diploma or transcript showing graduation from a nationally or regionally accredited medical education program;
 - b. Evidence of Licensure to practice medicine in home nation; and
 - c. A valid Passport from home country (**must** be eligible to obtain a visa to travel to the US for approximately one month if selected).
3. Provide the following documents (*all*):
 - a. Documentation of an active medical practice affiliation with a national or regional medical facility in home nation.
 - b. A letter of recommendation to study sleep medicine from a senior faculty medical officer at the affiliated medical facility with an assurance that the applicant will practice this specialty in their home nation upon his/her return.
 - c. Evidence of financial support from affiliated medical facility for the study visit, travel and personal expenses during the training period.
 - d. A 1-2 page statement by the applicant describing the existing state of affairs of the practice of sleep medicine in his/her home country, detailing professional experience and reasons why the candidate is interested in sleep medicine.
4. Email/internet access. (The Fellow will need to be able to maintain contact with his/her mentor and also have access to additional outside resources before, during and after the program.

Additional information the applicant may include with application (optional):

1. Copies of publications and/or experience related to the area of sleep medicine (pulmonology, neurology, psychiatry, etc.).
2. Evidence of certification in a specialty area by a national or regional medical specialty group.
3. A letter of recommendation to study sleep medicine from a senior medical officer in the certifying medical specialty group.
4. A record of grants funded in content areas related to the medical area of sleep (pulmonology, neurology, psychiatry, etc.).

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2005 Mini Fellowship Application

CONTACT INFORMATION		
Name:	_____	_____
	<i>First</i>	<i>Middle</i>
		<i>Family Name/Last</i>
Mailing Address:	_____	

Telephone:	_____	Email: _____

Medical Specialty: _____

Certified by Specialty Board or by Examination?

NO

YES – *Year Certified:* _____

Name of Certifying Organization: _____

Medical Education: _____

Name of University or Educational Program

<i>Year of Graduation:</i>

Address

Current Academic or Medical Facility Affiliation:

Facility Name

Address

Telephone

Fax

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Applicant Name: _____

Organization/Agency Providing Support for Applicant:

Organization/Agency Name

Address

Telephone

Fax

Hospital/University where Applicant will practice after Fellowship:

Hospital/University Name

Address

Telephone

Fax

Signature of Applicant: _____

Submit completed application and required documents to:

American Academy of Sleep Medicine

One Westbrook Corporate Center, Suite 920

Westchester, IL 60154 USA

Tel: (708) 492-0930 Fax: (708) 492-0943

Email hkman@aasmnet.org

Due Date for Completed Application (Including Required Documents): November 15, 2004

Applications received after this date will not be considered for the 2005 Mini Fellowship Program.