



# GUIDELINES FOR FELLOWSHIP TRAINING IN SLEEP MEDICINE

American Academy of Sleep Medicine  
One Westbrook Corporate Center, Ste. 920  
Westchester, IL 60154  
www.aasmnet.org

An approved fellowship program in sleep medicine must provide an educational experience that ensures its graduates possess sound clinical judgment and a high level of knowledge about the diagnosis, treatment and prevention of all sleep disorders. While fellows cannot be expected to achieve in one year of training the highest possible degree of expertise in all of the diagnostic and treatment procedures used in sleep medicine, individuals who satisfactorily complete fellowship programs in sleep medicine must be competent to render effective professional care to patients. Furthermore, graduates must develop a keen awareness of their own strengths and limitations and of the necessity for continuing their own professional development.

A Sleep Medicine Fellowship may be combined with another training program (in principle any sub-specialty fellowship with a significant sleep component, e.g. Pulmonary Fellowship, Clinical Neurophysiology Fellowship). The ability to combine training in two fields is based on the fact that a standard pulmonology or neurophysiology fellowship includes considerable knowledge and expertise relevant to sleep medicine. The "standard" training is credited as the equivalent of six months devoted to the diagnosis and treatment of patients with disorders central to the primary fellowship training program.

**A fellowship training program can be designed in two ways:**

1. An American Academy of Sleep Medicine (AASM) accredited sleep medicine fellowship is designed as a minimum of 12 months of training in comprehensive sleep medicine which can be done during or after a specialty fellowship program. This format/route may be needed if sleep medicine is structured external to the main activities of the division. It can also be used in programs with strong sleep research interests and hence can combine the clinical training with sleep research training. Time must be calculated in whole months, and can be consecutive or non-consecutive months.
2. A combined sleep fellowship program is based on the premise that a substantial portion of the broad training in sleep medicine is embedded within the primary specialty training. Accordingly, this time can be credited up to 6 months of fellowship training time. In addition, a minimum of 6 months of designated sleep training is required under the directorship of a physician who is

board certified in sleep medicine (hereafter called a Diplomate of the ABSM). This time should be scheduled in blocks of 3 month or more rotations to ensure continuity of care. These rotations must be tailored to extend and supplement the primary specialty training. Time must be calculated in whole months, and can be consecutive or non-consecutive months.

In all combined programs, the training components relevant to sleep medicine should be clearly identified and quantified. The program director must delineate in detail how each component of training relates to achieving their educational objectives.

The Sleep Medicine Fellowship Program should maintain contact with fellows in their training year while they are on services other than sleep medicine. This is an ideal time to educate fellows, such as by interdisciplinary seminars, in topics dealing with the interface between sleep medicine and the rest of medicine and psychiatry. Ongoing involvement of the fellow with sleep disorders center activities during other clinical experiences is also desirable.

## ELIGIBILITY FOR PROGRAM APPROVAL

**The following are required for program eligibility:**

- The Fellowship Training Program must consist of at least one year of training preceded by the completion of an accredited residency program approved in the United States or Canada. Programs may offer more than one year of training, if desired.
- The program must be conducted under the sponsorship of an institution that meets the general requirements applying to fellowship programs in all specialties as outlined in the Essentials of Accredited Residencies (ACGME).
- The program must be directed by a physician who is a Diplomate of the ABSM. Co-directorships with non-physicians may be acceptable, but will be considered on a case-by-case basis.
- Each fellowship program must be associated with a sleep disorders center accredited by the American Academy of Sleep Medicine

## Program Size

- At least one fellowship position must be available each year.
- No limit is placed on the maximum number of fellows in a program, but programs in which the number of fellowships exceeds the requisite resources of patient population, faculty or facilities for their adequate training will be considered deficient on the basis of size. All programs must have adequate patient populations for each mode of required training and, minimally, must include organized clinical services.

## Program Quality

- A well-planned, high-quality educational program includes specific, assessable objectives for program components and criteria for graduation. These must be written by the faculty and provided to each fellow. Generally speaking, the quality of a fellowship program is reflected in the ability of its fellows to conceptualize illnesses in terms of medical, neurologic, and psychiatric factors related to sleep disorders. Fellows must be able to accomplish data gathering, differential diagnosis, formulation of a treatment plan and implementation of treatment and follow-up.
- Clinical records must include an adequate history and physical examination, as well as mental status and neurological examinations as necessary, recorded by the fellows with an adequate treatment plan, regular progress notes, and adequate justification for diagnostic and therapeutic procedures performed. The training program must have a mechanism which ensures that records are regularly reviewed for supervisory and educational purposes.
- Performance of its graduates on examinations for certification by the American Board of Sleep Medicine may be one measure of the quality of a program. Therefore, programs are encouraged to obtain such information as one measure of their quality control.
- The general academic level of the teaching environment of the institution as reflected by interaction with accredited training programs in related fields (e.g. neurology, pulmonary medicine, psychiatry, pediatrics, psychology, otolaryngology, cardiology) is another measure of program quality.
- In addition to clinical experience, emphasis should be placed on the understanding of basic mechanisms for sleep and wakefulness.

## Fellowship Entry Requirements

Physicians may enter programs after completion of an ACGME-accredited residency program in family practice, general surgery, internal medicine, neurology, otolaryngology, pediatrics, or psychiatry.

An adequate orientation at the beginning of the fellowship year should be given in order to appropriately incorporate the fellow into the educational and clinical experience.

## OBJECTIVES OF TRAINING

All programs should state specifically and as clearly as possible the objectives and competencies required for successful completion of the program. These objectives and criteria should be made available to fellowship applicants.

The chief objective of fellowship training is the development of clinical competence. Such competence requires attainment of the necessary substantive knowledge, skills and professional attitudes.

### **Requisite knowledge after program completion should include:**

- knowledge of the major theories and viewpoints in sleep medicine, together with a thorough grounding in the generally accepted facts and basic sleep mechanisms.
- understanding of the biological, psychological, social, economic, ethnic and familial factors which significantly influence the evaluation and treatment of sleep disorders.
- comprehension of the etiologies, prevalence, diagnosis and treatment of all of the sleep disorders in the current nosology of sleep medicine.
- thorough knowledge of the use, reliability, and validity of the generally accepted techniques for diagnostic assessment.
- familiarity with issues of financing and regulation of sleep medicine.
- solid grounding in medical ethics and its application in sleep medicine.
- familiarity with legal aspects of sleep medicine.
- understanding of when and how to refer.
- appreciation of research methods in the clinical and basic science related to sleep medicine.

### **Requisite skills after program completion should include:**

- experience and competence with all age groups in the elements of clinical diagnosis such as interviewing; clear and accurate history taking; competent physical, neurological and mental status examinations; complete and systematic recording of findings; relating history and clinical findings to the relevant medical, neurologic, psychiatric and social issues associated with etiology and treatment; formulating a differential diagnosis for all conditions in the current standard nosology, taking into consideration all relevant data.
- conversant with medical, neurologic, and psychiatric disorders displaying symptoms likely to be related to sleep disorders (e.g. the relationship between hypertension and snoring); ability to diagnose medical and psychiatric sleep disorders, as well as sleep disorders associated with a common medical, neurologic, and psychiatric conditions; to formulate appropriate treatment plans; and to make appropriate referrals.
- being especially cognizant of the nature of the interac-

tions between treatment for sleep disorders and other medical, neurologic, and psychiatric treatment; experience and/or familiarity with the major types of therapy including psychotherapy, pharmacotherapy, surgical treatment, behavioral treatments, and other somatic therapies; competence in sleep medicine consultation in a variety of medical, surgical and psychiatric settings.

- experience and competence in providing continuous care for a variety of patients from different age groups, seen regularly and frequently over an extended time, in a variety of treatment modalities; being able to relate to patients and their families, as well as other members of the health care team, with compassion, respect and professional integrity.
- technical skills necessary to perform polysomnographies from preparation and hookup of the patient to the completion of the study, including multiple sleep latency tests.
- competence in scoring and interpretation of polysomnograms and recognition of artifacts, including full montages with additional EEG leads for seizure detection.
- familiarity with administration and interpretation of psychological tests.
- certification in cardiopulmonary resuscitation.
- experience in sleep disorders center administration, especially leadership of interdisciplinary teams.
- ability to appraise critically the professional and scientific literature and apply new contributions to management and care of patients.
- ability to teach sleep medicine to students in the health professions.

**Requisite attitudes after program completion should include:**

- a strong sense of responsibility for patients. The attitudes required of a sleep disorders specialist are those expected of all physicians and health professionals. These attitudes begin to be acquired in medical school and are broadened in the medical specialty training of the sleep medicine specialist.
- other important attitudinal components for fellows to develop include a desire to be aware of their own strengths and limitations, an awareness of feelings toward themselves and others, a commitment to high ethical standards, and a commitment to continuing professional development.

**ADMINISTRATION OF PROGRAM**

**Institutional Support**

The administration of the sponsoring institution(s) should be understanding of and sympathetic to the attainment of educational goals and should evidence the willingness and ability to support these goals philosophically and financially. The latter includes a commitment that embraces appropriate compensation for faculty and fellows, educational facilities, and support services, as well as opportunities for research.

Fellowship education in sleep medicine demands long hours and disciplined effort. The program should carefully monitor any activity outside the fellowship that interferes with education, performance or clinical responsibility.

A fellow of an American Academy of Sleep Medicine (AASM)-accredited sleep fellowship training program must be financially supported by the fellowship program or an organization sponsoring the fellow.

**Program Direction**

- Each fellowship program must be under the direction or co-direction of a Diplomate of the ABSM whose responsibility is to maintain an excellent educational program.
- The director of the fellowship program should have an educational policy committee composed of members of the teaching staff and the fellow or a representative from the fellows, if there is more than one. This committee should participate actively in planning, developing, implementing and evaluating all significant features of the fellowship program, including the selection of fellows, determination of curriculum goals and objectives, and evaluation of both the teaching staff and the fellows. Each program should have a written description of the committee, including its responsibility to the sponsoring department or institution and to the program director.
- A change in program directorship must be reported within 90 days of the change and may result in a reevaluation of the program by the Fellowship Training Committee of the AASM.

**Fellowship Selection and Transfer**

- The program should document the procedures to select fellows. Application records should document information from medical schools and graduate medical education programs.
- The program director is responsible for maintaining a process for selecting fellowship physicians who are personally and professionally suited for training in sleep medicine. It is recommended that each program have a fellowship selection committee to advise the program director.
- A documented procedure should be in place for checking the credentials, the clinical training experiences, and the past performance and professional integrity of fellows transferring from one program to another. This procedure must include solicitation and documentation of relevant information from the training directors of previous programs. Those fellows selected must have satisfied the training objectives cited above for reaching the fellowship level of training. A transferring fellow's educational program must be sufficiently individualized so that he/she will have met all the usual educational requirements of the program in order to graduate.
- The fellowship program director must be aware that applicants should have a command of the English language sufficient to facilitate accurate, unimpeded communication with patients, teachers, and colleagues.

- The program director is responsible for providing applicants with written descriptions of the clinical rotations and educational program. Written information must be provided regarding financial compensation, liability coverage, and the policies regarding vacation, sick leave, and maternity/paternity leave, as well as other special leaves.

### **Evaluation of Competence**

- Regular, systematic, documented evaluation of the achievements of each fellow should be maintained, including explicit statements on fellows' progress toward educational objectives and their major strengths and weaknesses.
- The program must maintain a record of specific cases treated by fellows in a manner which does not identify patients, but illustrates each fellow's clinical experience in the program. This record must demonstrate each fellow has met the educational requirements of the program with regard to variety of patients, diagnoses, and treatment modalities. This record should be reviewed periodically with the program director or a designee, and made available to the surveyor of the program.
- The program should provide and document regularly scheduled meetings between the fellow and program director or designated faculty members. These meetings should be of sufficient frequency, length, and depth to ensure that the fellows are continually aware of the quality of their progress toward attainment of professional competence. These evaluation sessions should be held at least semiannually and preferably more frequently. They should also give the fellow opportunity to assess the program and the faculty. Provision should be made for remediation in cases of unsatisfactory performance.
- The program must formally examine the cognitive knowledge of each fellow at least once during the course of training. The use of examination(s) during the fellowship is one possible method for this evaluation.
- A written set of due process procedures must be in place for resolving problems that occur when a fellow's performance fails to meet required standards. These must include the criteria for any adverse action, such as placing a fellow on probation or terminating a fellow whose performance is unsatisfactory. The procedures should be fair to the fellow, patients and the training program. A document describing such procedures should be provided to the fellows at the beginning of training.
- Readily available procedures for assisting the fellow to obtain appropriate help for significant personal or professional problems should be in place.
- The director, upon the fellow's graduation, will affirm in the training record that there is no documented evidence of unethical behavior, unprofessional behavior, or serious question of clinical competence. Where such evidence exists, it will be comprehensively recorded, along with the responses of the trainee.
- The program will maintain records of all evaluations required in this section (D) and these will be made avail-

able on review of the program.

### **Faculty**

- The fellowship must be staffed by a sufficiently wide variety and appropriate number of capable, qualified Diplomates of the ABSM and other health professionals related to sleep medicine to achieve the goals and objectives of the training program. The teachers should participate regularly and systematically in the training program and be readily available for consultation whenever a fellow is faced with a major therapeutic or diagnostic problem.
- A written record of the educational responsibilities of all staff and faculty members (whether full-time or part-time) who participate directly in the education of fellows is essential. That record should include the qualifications and experience of the faculty member and the nature, as well as the frequency, duration and site, of the teaching activity.

### **Clinical Facilities**

- Training programs must have adequate facilities, clinics, agencies and other suitable placements where the fellows can meet the educational objectives of the program. The program should specify the facilities in which the goals and objectives are to be implemented.
- All fellows must have facilities available to them which are adequate in size and decor to enable them to interview patients in a professional manner. The facility must also provide adequate and specifically designated areas in which fellows can perform basic physical examination and other diagnostic procedures.
- The facility should have a minimum of at least two polysomnography bedrooms. It is highly desirable that all offices, clinical and educational components be in the same location.
- Each fellow should have his/her own dedicated work space.

### **METHODS OF MEETING TRAINING OBJECTIVES**

An approved program must have a described educational curriculum including methods and content. The program should provide experience in didactic, clinical and research activities.

- Formal educational activity must have high priority in the allotment of the fellow's time and energies. Clinical responsibilities must not prevent the fellow from obtaining the requisite didactic educational activities and formal instruction.
- The curriculum must include adequate and systematic instruction in basic biological and clinical sciences relevant to sleep medicine in adults, infants, and children, as well as in relevant medical, surgical and psychiatric treatment modalities.
- The curriculum must include a significant number of interdisciplinary clinical conferences and didactic semi-

nars in which sleep medicine faculty members collaborate with colleagues from other medical specialties and mental health disciplines. Attendance at national, international, and local sleep medicine conferences is strongly recommended.

- Didactic instruction must be well-organized, thoughtfully integrated, based on sound educational principles, and carried out on a regularly-scheduled basis. In a progressive fashion, it should expose fellows to topics appropriate to their level of training. Systematically organized instruction should be an essential part of the fellowship. Staff presentation, clinical case conferences, journal clubs, and lectures by visitors are desirable adjuncts.
- The didactic exercises should include the presentation and discussion of clinical case material at conferences attended by faculty and other fellows. This training should involve experiences in formulating and discussing the theoretical and practical issues involved in the diagnosis and management of the cases presented.
- Each fellow must have major responsibility for the diagnosis and treatment of a reasonable number and adequate variety of patients with both acute and chronic sleep disorders representing the major categories of sleep-related illnesses. Adequate experience must also be ensured in the diagnosis and management of the medical and psychiatric disorder commonly encountered in sleep medicine. Each fellow must have supervised experience in the evaluation and treatment of patients of both sexes and of various ages from infancy to old age.
- Carefully supervised clinical care of patients is the core of an adequate program. The clinical services must be organized such that fellows have major responsibility for the care of a significant proportion of all patients assigned to them, and have sufficient and high quality supervision. The amount and type of patient care responsibility a fellow assumes should increase as the fellow advances in training.
- The number of patients for which fellows have primary responsibility at any one time must be sufficiently small to permit them to conduct a detailed study of each patient, to provide each patient with appropriate treatment, and to have sufficient time for other aspects of their educational program. At the same time, the number must be sufficiently large to provide an adequate depth and variety of clinical experiences.
- An important aspect of the education of the fellow is the development of teaching skills. Fellows should have ample opportunity to teach students in allied health professions.
- Involvement in clinical, applied or basic research is highly desirable.

The following content areas should be addressed in the curriculum to provide familiarity with the broad range of basic science and clinical issues relevant to sleep medicine.

- Basic neurological sleep mechanisms

- Chronobiological mechanisms
- Respiratory physiology during sleep and pathophysiology
- Cardiovascular physiology during sleep and pathophysiology
- Endocrine physiology during sleep and pathophysiology
- Gastrointestinal physiology during sleep and pathophysiology
- Ontogeny of sleep
- Sleep across the life span
- Operation of polysomnographic monitoring equipment
- Polysomnographic troubleshooting
- Ambulatory monitoring methodology
- Polysomnogram interpretation
- Nosology for sleep disorders: The International Classification of Sleep Disorders
- Evaluation of patients presenting with excessive sleepiness
- Evaluation of patients presenting with difficulty initiating or maintaining sleep
- Evaluation of patients presenting with parasomnias
- Biological rhythm disorders
- Pediatric sleep medicine
- Treatment approaches for obstructive sleep apnea, to include nasal CPAP, bilevel PAP, upper airway surgery, oral appliances, position training
- Treatment approaches for insomnia, to include cognitive-behavioral therapies and pharmacological therapy
- Treatment approaches for narcolepsy and idiopathic CNS hypersomnolence
- Treatment approaches for parasomnias
- Pharmacology of sleep (i.e. medication effects on sleep)

## RECOMMENDED CORE REFERENCE MATERIALS

### Books

- Chokroverty S, ed. Sleep disorders medicine: basic science, technical considerations, and clinical aspects, 2nd ed. Boston: Butterworth-Heinemann, 1999.
- Daly DD, Pedley TA, eds. Current practice of clinical EEG, 2nd ed. New York: Raven Press, 1990.
- Guilleminault C, ed. Sleep and its disorders in children. New York: Raven Press, 1987.
- Hauri P, ed. Case studies in insomnia. New York: Plenum Medical Book Co, 1991.
- Kryger MH, Roth T, Dement WC, eds. Principles and practice of sleep medicine, 3rd ed. Philadelphia: W.B. Saunders, 2000.
- Lydic R, Biebuyck JF, eds. Clinical physiology of sleep. New York: American Physiological Society, 1988.
- Morin CM. Insomnia: psychological assessments and management. New York: Guilford Press, 1993.
- Shepard JW, ed. Atlas of sleep medicine. Mount Kisco, New York: Futura PubCo, 1991.
- Thorpy MJ, ed. Handbook of sleep disorders. New York: Dekker, 1990.
- Tyner F, Knott JR, Mayer WB. Fundamentals of EEG technology - Vol. 1: basic concepts and methods. New York: Raven Press, 1983.

- Sheldon SH, Riter S, Detrojan M. Atlas of sleep medicine in infants and children. Armonk, NY: Futura Pub Co, Inc., 1999.
- Butkov N. Atlas of clinical polysomnography. Medford, OR: Synapse Media, Inc., 1996.
- Ferber R, Kryger M, eds. Principles and practice of sleep medicine in the child. Philadelphia: W. B. Saunders, 1995.
- Culebras A, ed. Sleep disorders and neurological disease. New York: M. Dekker, 2000.

### Guidelines

- Anders TF, Parmalee AH, Emde RN, eds. A manual of standardized terminology, technology and criteria for scoring of states of sleep and wakefulness in newborn infants. Los Angeles: UCLA Brain Information Service, 1971.
- Carskadon MA, Dement WC, Mitler MM, et al. Guidelines for the multiple sleep latency test (MSLT): a standard measure of sleepiness. *SLEEP* 1986;9(4):519-24.
- International classification of sleep disorders, revised: diagnostic and coding manual. Rochester, MN: American Academy of Sleep Medicine, 1997.
- Indications and standards for cardiopulmonary sleep studies. American Thoracic Society. Medical Section of the American Lung Association. *Am Respir Dis* 1989;139:559-68.
- Rechtschaffen A, Kales A, eds. A manual of standardized terminology, techniques, and scoring system for the sleep stages of human subjects. Los Angeles: UCLA Brain Information, 1968.
- Practice parameters issued by the American Academy of Sleep Medicine, as published in the journal *SLEEP*.

## PROGRAM RESOURCES

### Other Educational Resources

- The administration of the facility must provide ample space and equipment for educational activities.
- The program must have available such basic teaching aids as slide projectors, video cassette recorders, and teaching materials such as audio cassettes and video tapes.
- The program must promote an atmosphere of scholarly inquiry, including the provision of access to ongoing research activity in sleep medicine.
- The sponsoring institution must provide fellows with ready access to a library that contains a substantial number of current basic textbooks in sleep medicine, psychiatry, and general medicine, as well as journals in sleep medicine and related fields of medicine that often have articles on sleep disorders. These materials should be sufficient for an excellent educational program. The library must be capable of obtaining textbooks and journals on loan from major medical libraries and carrying out Medline or other medical information searches (or accessing a library which has this capacity), and must be reasonably available to fellows on

weekends and during evening hours. It is also desirable that the sleep disorders center have its own library.

### Recommended Areas of Study in Related Medical Subspecialties

- Cardiology
- Neurology
- Otolaryngology and Oral Maxillofacial Surgery
- Pediatrics
- Pulmonary Medicine
- Psychiatry and Neuropsychology

Each experience should be arranged in such a way as to provide a clinically useful overview of each field. A physician who has spent one year or more of training in any of the fields mentioned should be exempt from the requirement to spend additional time in that specific area.

Written accounts of the attendance and, when appropriate, performance of tasks should be given to the fellowship director by the training director or responsible faculty of the specialty programs.

### Maintaining Accreditation

An accredited fellowship training program will be reviewed every two or five years in order to maintain accreditation.

If, during the period of accreditation, the director of the fellowship training program changes (see Program Direction above) or a major change in other faculty members or the curriculum occurs, the program must notify the Fellowship Training Committee of the AASM within 90 days.

The fellowship training position(s) in a program may not be vacant for more than three years. At the beginning of the third year of vacancy, the program must notify the Fellowship Training Committee and explain the reason for the vacancy.



# FELLOWSHIP TRAINING PROGRAM

## Application For Accreditation

American Academy of Sleep Medicine  
One Westbrook Corporate Center, Ste. 920  
Westchester, IL 60154  
www.aasmnet.org

### INSTRUCTIONS FOR COMPLETING APPLICATION

Answers to the questions contained in this application constitute the Application for Accreditation of your Fellowship Training Program in sleep medicine.

Self-assessment is an integral part of any accreditation process. The Application is made up of questions designed to enable a program to assess all aspects of accreditation as determined by the Accreditation Council for Graduate Medical Education (ACGME). As a result of answering the questions, the program can determine its own areas of strength and weakness, identify needs, and make improvements, as appropriate. Fellowship programs need not be comprehensive to receive accreditation, yet each program should be aware of these potential regulatory issues.

The application should be typed or word processed on 8 ½ x 11" white paper (or submitted as an e-mail attachment). In responding to a question, begin by copying the question and its number; then give the answer or statement. Please

be specific but concise. A question which is not applicable must be copied and answered "not applicable" with an explanation stating why it is not applicable. Do not delete any questions from the application.

Exhibits and other materials should be included as numbered attachments. All attachments should be labeled with tabs for ease of reference and be put together at the end of the application.

The face sheet of this application form should be used as the face sheet of your application. Please note that it must be signed by the Director of the Fellowship Training Program. When completed, **send the original application (including attachments) and three complete copies to:**

Fellowship Training Committee  
American Academy of Sleep Medicine  
One Westbrook Corporate Center, Ste. 920  
Westchester, IL 60154  
Phone (708) 492-0930, Fax (708) 492-0943

Name of Institution \_\_\_\_\_

Departmental Affiliation \_\_\_\_\_

Program Director \_\_\_\_\_

Additional Contact Person \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Correspondence Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Fax Number \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail \_\_\_\_\_

Notice: This form must be signed and dated by the Director of the Fellowship Training Program.

I certify that the statements made in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Clearly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Application Questions

Please answer the following questions completely and concisely. Copy the question number and entire question, then follow with the answer. If you have any questions about completing this application, please contact the AASM at 507-287-6006.

1. Does the program provide for the equivalent of one year of full-time fellowship? Is it completed within one year or is it spread over more than one year?
2. Will all applicants to your training program have completed a residency program in family practice, internal medicine, pediatrics, neurology, psychiatry, otolaryngology or general surgery?
3. Are Sleep Fellows also currently undergoing training in another training program (e.g. pulmonary, clinical neurophysiology)? (If no, then proceed to question #6).
4. Do these fellows all receive six months (the equivalent of) of full-time training in sleep medicine? How is this time organized?
5. How is the remaining six months of sleep training structured? Who supervises this training?
6. Is the fellowship program under the sponsorship of an institution which meets the requirements outlined in the "Essentials of Accredited Residencies" by the ACGME?
7. Is the program affiliated with a primary sleep disorders center accredited by the American Academy of Sleep Medicine? If so, what is the name of the center, and what date does center accreditation expire? mm/dd/yy
8. Is the program directed by a Diplomate of the American Board of Sleep Medicine?
9. How many fellows are currently in your program?
10. How many fellows have graduated from your program? Give the number and year of completion.
11. To your knowledge, how many trainees have subsequently passed the examination for Board Certification in sleep medicine?
12. Do you have a fellowship training committee? List the committee members.
13. Briefly describe the administrative structure between the program director and the sponsoring department and institution.
14. Does the institution or department have grievance and dismissal procedures applicable to your trainees? If not, briefly describe your approach to these issues.
15. Briefly describe trainee salary information and contract agreements.
16. Briefly describe policies regarding (1) liability coverage, (2) sick leave, (3) vacation time, and (4) transfer of trainees between programs.
17. What orientation procedures are utilized? How and how often are individual meetings with each fellow scheduled for the purpose of discussing progress and weaknesses during the fellowship training experience? (Attach copies of forms used to evaluate fellows' progress.)
18. Briefly describe your method of handling situations in which fellows are not performing up to expectations.
19. Are "mock" Board exams given and, if so, at what intervals?
20. How is didactic instruction given? What topics are covered during the year of training? Is there a list of required readings? (If so, please attach.)
21. Is there a journal club? How often does it meet?
22. Is a sleep medicine library available to the fellows?
23. Is a general medical library available to fellows?
24. Do fellows provide teaching for other staff, students and/or the community? If so, please describe or give examples. How is this activity supervised?
25. Provide a brief description of the educational programs in the following areas:
  - Cardiology
  - Neurology
  - Neuropsychology/Behavioral Psychology
  - Oral and Maxillofacial Surgery
  - Otorhinolaryngology
  - Pediatrics
  - Psychiatry
  - Pulmonology
26. How do fellows continue involvement in sleep clinic activities while on other clinical services? Describe.
27. Indicate whether fellows are provided financial support for attending national and regional sleep medicine seminars. List meetings that fellow(s) have attended.
28. Describe the research program(s), if any, in which each fellow is involved.
29. Approximately how many patients are personally evaluated and treated by fellows during the year?

30. Of the above patients, give approximate percentages of the types of sleep disorders evaluated by the fellows:

- \_\_\_\_\_ Sleep Apnea
- \_\_\_\_\_ Restless Legs Syndrome
- \_\_\_\_\_ Narcolepsy
- \_\_\_\_\_ Biological Rhythms Disorders
- \_\_\_\_\_ Parasomnias
- \_\_\_\_\_ Psychophysiologic Insomnia
- \_\_\_\_\_ Nocturnal Myoclonus
- \_\_\_\_\_ Insomnia of Other Causes

31. Of the above patients, give approximate percentages that fall in the following age groups:

- \_\_\_\_\_ Neonatal (up to one year old)
- \_\_\_\_\_ Child/adolescent (1 to 18 years old)
- \_\_\_\_\_ Adult (18-65 years old)
- \_\_\_\_\_ Geriatric (over 65 years old)

32. Briefly describe the roles of the trainees and the supervising faculty in evaluating, treating, and following patients.

33. Does each of the fellows have his/her own office or work area?

34. Do fellows have access to a suitable exam room, appropriately equipped?

35. Give a description of formal instruction on the technical aspects of polysomnographic recording.

36. How many polysomnograms do the fellows typically score?

37. How are fellows checked on the accuracy of scoring and by whom?

38. How many times do the fellows attach monitoring devices and personally perform complete polysomnograms on patients?

39. How much experience with neonatal polysomnography is received? Describe the extent of training.

**If you are applying for reaccreditation:**

40. Was there a change in program directors since accreditation was last granted?

41. What provisions and/or recommendations were made in the last site visit report and how were they addressed.

**Attachments which should be included:**

1. CV of program director.
2. List of all faculty involved in providing training with their specialty, titles, and training responsibilities. Include CV's - two page maximum (i.e. biosketch).
3. CV's of current fellows - two page maximum (i.e. biosketch).
4. Overall program schedule for a "representative" fellow.
5. List of required readings, if applicable.
6. Fellows progress evaluation forms.
7. Copy of certificate given at the completion of training, if applicable.