



American Academy of Sleep Medicine

**RECOGNITION OF
COMPREHENSIVE ACADEMIC
SLEEP PROGRAMS OF
DISTINCTION**

JUNE, 2007

American Academy of Sleep Medicine Application for Recognition of Comprehensive Academic Sleep Programs of Distinction

Name of Program:		
Address (mailing):		
City:	State:	Zip:
Address (location):		
City:	State:	Zip:
Telephone of Program:		
Fax:		
Website Address:		
<input type="checkbox"/> N/A		
Contact Person:		
Telephone of Contact Person:		
E-mail Address of Contact Person:		

We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and accept responsibility for the continued existence and support of this program.

Program Director	
<i>Signature:</i>	
Print Name:	Date:

Co-Director (where applicable)	
<i>Signature:</i>	
Print Name:	Date:

Administrator	
<i>Signature:</i>	
Print Name:	Date:

A. Faculty Requirements

1. The faculty of the sleep program must include a minimum of three board certified sleep specialists.

List all faculty members board certified in sleep medicine

Name and Degree	Board Certification (ABSM or Sleep Medicine Examination of the ABIM, ABPN, ABP, ABOto or ABFP)	Date and Certificate Number

2. (cont.) If there is no pediatrician or pediatric neurologist on the faculty of the program, list any pediatricians or pediatric neurologists associated with the program and describe the nature of the association in a brief narrative on a separate page (***APPENDIX 1***)

Name and Degree	Specialty

2. (cont.) In the absence of specialists from one or more of these disciplines, the requirement can be met by faculty members demonstrating special expertise in the area through the publishing of research papers, review articles or book chapters on the topic, or having been invited to present on the subject at national meetings.

If the lists above do not include at least one pulmonologist, neurologist, psychiatrist and pediatrician (or pediatric neurologist), then list below the faculty members whose special expertise meets this requirement. Explain on a separate page how the faculty members fulfill this requirement by listing publications or presentations (**APPENDIX 2**).

The following list indicates which specialists are assumed to fulfill the requirements for each area of specialization:

- Insomnia –psychiatrist
- Central hypersomnias – neurologist or psychiatrist
- Sleep disordered breathing – pulmonologist
- Parasomnias – neurologist or psychiatrist
- Movement disorders – neurologist
- Circadian rhythm disorders – neurologist, pediatrician (or pediatric neurologist) or psychiatrist

Specialty	Name and Degree of Faculty Member who Meets this Requirement

2. Additionally, one or more otolaryngologists, dentists and psychologists should either be faculty members or be associated with the program in a clearly defined manner.

Complete the table below. If the specialists listed are not faculty members of the program, explain on a separate sheet the nature of their association with the program (**APPENDIX 3**).

	Name(s) and Degree	Faculty member or associated staff
Otolaryngologists		
Dentists		
Psychologists		

B. Clinical Requirements

1. The sleep program must have a clinical component accredited as a sleep center by the AASM.
2. The sleep center must offer comprehensive diagnostic and therapeutic services for all categories of sleep disorders to patients of all ages, including ongoing care and chronic disease management.

Name of Accredited Sleep Center		
Date of Most Recent Accreditation		
Center Director		
Center Medical Director		
Center Patient Volume	Number of new adult patients seen in the center in last one year	
	Number of new pediatric patients (age ≤ 18 years) seen in the center in the last one year	
	Number of return adult patients seen in the center in last one year (excluding for PSG results)	
	Number of return pediatric patients seen in the center in last one year (excluding for PSG results)	
	Number of polysomnograms performed in last one year	
	Number of MSLTs/MWTs performed in last one year	
Breadth of Disorders Seen Number of patients in each category seen in the center in last year (count each patient only once):	Insomnia	
	Central hypersomnias	
	Sleep related breathing disorders	
	Parasomnias	
	Movement disorders	
	Circadian rhythm sleep disorders	

Explain on a separate page how the program fulfills the condition of providing ongoing care and chronic disease management (***APPENDIX 4***).

C. Educational Requirements

1. The sleep program must have an active ACGME accredited fellowship in sleep medicine.

Program Number and Date and Length of Accreditation	
Program Name	
Program Director	

2. The sleep program must participate in the education of medical students, residents and allied health professionals.

Explain on a separate page how the program fulfills this requirement (**APPENDIX 5**).

3. At least one of the sleep program faculty must either offer CME in the local region or regularly participate in national CME courses in sleep medicine.

List all sleep medicine CME events from the past one year by faculty members of the program.

Event	Name of Faculty Member

D. Research Requirements

1. The sleep program must show evidence of an active interdisciplinary research program with multiple sleep program faculty participating and a proven record of research publication. The sleep program or a closely affiliated unit must have a history of extramural research funding (defined as other than funding for industry initiated protocols).

2. The sleep research program should ideally incorporate basic science or translational research as well as epidemiologic and clinical research. However, research in two of the following three areas will be acceptable: basic science or translational; epidemiologic; clinical (including diagnostic or therapeutic trials). (Industry initiated protocols will not qualify alone as evidence of clinical research). These programs must either fall directly under the sleep center or in a unit with a clearly defined close affiliation with the sleep center.

List all active or recent (last 3 years) research programs. Use one copy of Form D.1. below for each research program.

FORM D.1. ACTIVE OR RECENT RESEARCH PROJECTS

Title of Project		Name of Principal Investigator	
Co-Investigators		Specialty	
Source of Funding	If industry funding, indicate whether industry <input type="checkbox"/> or investigator <input type="checkbox"/> initiated	Dates of Funding	
Indicate whether research is (check one):		Basic Science or Translational <input type="checkbox"/>	
		Epidemiological <input type="checkbox"/>	
		Clinical <input type="checkbox"/>	
Publications Resulting from this Project			
<p>If the research program does not fall directly under the sleep program, explain on a separate page the relationship between the sleep center and the unit in which the research took place (APPENDIX 6).</p>			

3. The sleep program or a closely affiliated unit must provide substantial training for one or more fellows in sleep research, exclusive of the one year clinical sleep fellowship. Opportunities for training in sleep research must be also available for residents and clinical fellows. Research training must culminate in the publishing of abstracts or articles or the presentation of research findings at appropriate venues.

List fellows, residents and publications from the last three years.

Research Fellows			
Name of Fellow (excluding clinical sleep medicine fellows)	Date of Fellowship	Status of Fellow (e.g. PhD Post doctoral; MD post sleep fellowship)	Title of Project
Residents and Clinical Fellows Engaged in Research			
Name of Resident or Clinical Fellow	Date of Research	Status of Fellow or Resident (e.g. clinical sleep fellow; neurology resident)	Title of Project
Abstracts, Articles and Presentations by Residents and Fellows			
Name of Fellow	Details of Publication or Presentation		

E. Administrative Requirements

- 1. The sleep program must be a clearly defined administrative unit with either a single director or two co-directors.**

Attach an organizational description of the program as ***APPENDIX 7***.

- 2. The sleep program must show evidence of significant involvement in decisions regarding appointment of faculty, and administration of clinical, educational and research programs, including appointment of fellows.**

Provide in narrative form an explanation of the program's role in appointment of faculty, administration of programs and appointment of fellows and include as ***APPENDIX 8***.