**2015 G-I-N Scholars Application**

**2015 GIN-NYAM meeting (EGAPPS II)**

**New York, NY**

**March 2-3, 2015**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First M.I. Last, Credentials*

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City, State Zip*

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AAO-HNS Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you served on an AAO-HNS Clinical Practice Guideline or Clinical Consensus Statement panel before?

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| --- |
| * Yes |
| * No |

If yes, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you previously applied to the G-I-N Scholar or Cochrane Scholar programs?

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| * Yes |
| * No |

If yes, when did you apply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, were you selected as a G-I-N or Cochrane Scholar?

|  |
| --- |
| * Yes |
| * No |

3. What is your primary sub-specialty?

* Allergy
* Broncho-Esophagology
* Facial Plastic and Reconstructive Surgery
* Head and Neck Surgery
* Laryngology
* Maxillofacial Surgery
* Neurotology
* Otology/Neurotology
* Pediatrics
* Rhinology
* Sleep Disorders
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have any financial or intellectual conflicts of interest of which we should be aware? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please submit a personal statement detailing any prior experience you may have with systematic reviews, clinical practice guidelines, or clinical consensus statements and how that experience will aid in the Academy’s development of quality knowledge products. Please discuss what you intend to learn when attending the G-I-N Conference.

By signing and submitting this application, you understand and agree to the obligation, if selected, to serve on an upcoming AAO-HNSF clinical practice guideline panel either as a panel member, or as assistant chair, depending on your experience. You also understand and agree to submit a commentary to *Otolaryngology – Head and Neck Surgery* about a specific aspect of the guideline (e.g. development, dissemination, adaptation, implementation, etc.) within 3-months of publication of the clinical practice guideline.\*

Signature: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Applicants must be members of the AAO-HNS. Residents are not eligible to apply. Previous G-I-N or Cochrane Scholar recipients may apply if three years have passed and all of their prior obligations were met. Please submit your application, personal statement, and a current copy of your CV to Lorraine Nnacheta (lnnacheta@entnet.org) by **December 1, 2014.** We are paperless and prefer that all application submissions be submitted electronically.