

## PERSONAL DATA

Please type or print clearly all information exactly as you wish it to appear in your Academy records.

Last name/surname/family name First/given name Middle initial

**PROFESSIONAL MAILING ADDRESS** (Listed in the Online Membership Directory, if no professional address is provided, only your name will be listed in the directory)

Institution/company name Department

Street address Suite/room/apartment

City State/province Country ZIP/postal code

Phone (with area or country code) Fax (with area or country code)

Email address Web address

**PREFERRED MAILING ADDRESS**

Street address Suite/room/apartment

City State/province Country ZIP/postal code

Home Phone (with area or country code) Mobile (with area or country code)

Email address

## MEDICAL TRAINING

Please complete all information about your medical training, licensing, and board certification. This allows us to tailor communications specifically to your interests.

**Medical school (required)**

Name of School or Program

City and state/province Completion year Degree(s) (e.g., MD, DO, MBBS, FRCS)

**Residency training (required)**

Name of school or program

City and state/province Completion year

**Fellowship training (if applicable)**

Name of school or program

Type of fellowship (e.g., laser application, rhinology, clinical research)

City and state/province Completion year

**Postgraduate degrees other than formal medical degree (if applicable)**

Name of school or program

Type of study Degree(s) (e.g., MD, MBBS, FRCS)

Birth Year:

Ethnicity

- ☐ African American ☐ American Indian  
☐ Asian ☐ Caucasian ☐ Hispanic  
☐ Other \_\_\_\_\_

Gender:

- ☐ Male ☐ Female

**WHAT IS YOUR PRIMARY SUBSPECIALTY?**

(SELECT ALL THAT APPLY):

- ☐ ADM Administrative  
☐ AU Audiology  
☐ BE Broncho-Esophagology  
☐ ENDO Endocrine Surgery  
☐ FPS Facial Plastic & Reconstructive Surgery  
☐ GEN General Otolaryngology  
☐ HNS Head and Neck Surgery  
☐ LRY Laryngology  
☐ MXF Maxillofacial Surgery  
☐ NRO Neurotology  
☐ OAL Otolaryngologic Allergy  
☐ OP Otolaryngic Pathology  
☐ OTO Otology  
☐ PDO Pediatric Otolaryngology  
☐ RH Rhinology  
☐ SBS Skull Base Surgery  
☐ SM Sleep Medicine

**WHAT IS YOUR PRIMARY PRACTICE TYPE?**

(SELECT ONLY ONE):

- ☐ Solo  
☐ Group single specialty  
☐ Group multi-specialty  
☐ Research  
☐ Clinical non-physician  
☐ Local/State/Federal Government/Military  
☐ Staff Model/HMO  
☐ Hospital/Facility non-government  
☐ Non-clinical organization  
☐ Not in active practice

**SECONDARY PRACTICE TYPE**

From the list above, please select only one:

**WOULD YOU CONSIDER YOUR SETTING (SELECT ONLY ONE):**

- ☐ Academic ☐ Private practice  
☐ Group practice ☐ Resident/In-Training

## LICENSING AND CERTIFICATION

Licensed to practice in: ☐ United States ☐ Canada

☐ International

List state(s)/countries:

## TRAINING VERIFICATION

Applicants applying for Member In-Training, Fellow In-Training, Resident or Medical Student or enrolled in an accredited Medical School status must complete this section.

If you are currently in a formal otolaryngology training/residency program, the program chair or director is required to complete this section, or you may attach a copy of your letter of acceptance, including beginning and end dates of training.

I, (Name of Program Chair/Director)

certify that I am the chair/director of the training/residency program shown below and that the applicant is currently enrolled in this formal, approved otolaryngology training/residency program.

This is a (please check one):

- ☐ Residency program  
☐ Fellowship training program  
☐ Accredited medical school program

\_\_\_\_\_

Type of study (e.g., laser application, rhinology, clinical research)

\_\_\_\_\_

AAO-HNS ID# \_\_\_\_\_ Beginning year \_\_\_\_\_ Expected completion year \_\_\_\_\_

\_\_\_\_\_

Name of school or program

\_\_\_\_\_

Signature of Program Chair/Director

Date

## STATEMENT OF ENDORSEMENT

US applicants must obtain **two (2)** endorsement signatures from active AAO-HNS members or officers. \*International applicants must obtain **one (1)** endorsement signature from an active AAO-HNS member or an officer of their national society. Questions regarding this matter can be directed to [international@entnet.org](mailto:international@entnet.org).

### APPLICANT NAME

\_\_\_\_\_

Please print your full name

By signing the endorsement for this applicant for membership in the American Academy of Otolaryngology—Head and Neck Surgery, I certify that I have personal knowledge of the applicant and I am familiar with the applicant's professional competence and conduct.

### ENDORSEER #1:

\_\_\_\_\_

Print full name

\_\_\_\_\_

AAO-HNS ID number

\_\_\_\_\_

Signature

### ENDORSEER #2:

\_\_\_\_\_

Print full name

\_\_\_\_\_

AAO-HNS ID number

\_\_\_\_\_

Signature

AMA MEMBER: ☐ YES ☐ NO

AMA Medical Education Number: \_\_\_\_\_

ACS MEMBER: ☐ YES ☐ NO Year Elected: \_\_\_\_\_

## Certification Board(s):

Year certified

- |  |       |
|--|-------|
| <input type="radio"/> ABAI American Board of Allergy & Immunology                      | _____ |
| <input type="radio"/> ABEM American Board of Emergency Medicine                        | _____ |
| <input type="radio"/> ABFP American Board of Family Practice                           | _____ |
| <input type="radio"/> ABFPRS American Board of Facial Plastic & Reconstructive Surgery | _____ |
| <input type="radio"/> ABIM American Board of Internal Medicine                         | _____ |
| <input type="radio"/> ABOP American Board of Ophthalmology                             | _____ |
| <input type="radio"/> ABOto American Board of Otolaryngology                           | _____ |
| <input type="radio"/> ABNS American Board of Neurological Surgery                      | _____ |
| <input type="radio"/> ABPM American Board of Preventive Medicine                       | _____ |
| <input type="radio"/> ABPS American Board of Plastic Surgery                           | _____ |
| <input type="radio"/> ABR American Board of Radiology                                  | _____ |
| <input type="radio"/> ABS American Board of Surgery                                    | _____ |
| <input type="radio"/> AMPAT American Board of Pathology                                | _____ |
| <input type="radio"/> AMPED American Board of Pediatrics                               | _____ |
| <input type="radio"/> AOBOO American Osteopathic Board—Otolaryngology & Ophthalmology  | _____ |

## International Boards

- |   |       |
|---|-------|
| <input type="radio"/> RCSC Royal College of Physicians and Surgeons, Canada | _____ |
| <input type="radio"/> RCSEd Royal College of Surgeons, Edinburgh            | _____ |
| <input type="radio"/> RCSAA Royal College of Surgeons, Australasian         | _____ |
| <input type="radio"/> RCSUK Royal College of Surgeons, England              | _____ |
| <input type="radio"/> RCSI Royal College of Surgeons, Ireland               | _____ |
| <input type="radio"/> RCSG Royal College of Surgeons, Glasgow               | _____ |

NAME OF ANY OTHER CERTIFYING BOARD (ATTACH COPY OF CERTIFICATE):

\_\_\_\_\_

## Society Memberships

- |                              |   |
|------------------------------|---|
| <input type="radio"/> AAA    | American Academy of Audiology                                       |
| <input type="radio"/> AAFPRS | American Academy of Facial Plastic and Reconstructive Surgery       |
| <input type="radio"/> AAOA   | American Academy of Otolaryngic Allergy                             |
| <input type="radio"/> AAP    | American Academy of Pediatrics                                      |
| <input type="radio"/> ABEA   | American Broncho-Esophagological Association                        |
| <input type="radio"/> AHNS   | American Head and Neck Society                                      |
| <input type="radio"/> ALA    | American Laryngological Association                                 |
| <input type="radio"/> TRIO   | American Laryngological, Rhinological, and Otological Society, Inc. |
| <input type="radio"/> ANS    | American Neurotology Society  |
| <input type="radio"/> AOA    | Association of Otolaryngology Administrators                        |
| <input type="radio"/> AOS    | American Otological Society   |
| <input type="radio"/> ARO    | Association for Research in Otolaryngology                          |
| <input type="radio"/> ARS    | American Rhinologic Society   |
| <input type="radio"/> ASHA   | American Speech-Language-Hearing Association                        |
| <input type="radio"/> ASPO   | American Society of Pediatric Otolaryngology                        |
| <input type="radio"/> AADO   | Association of Academic Departments of Otolaryngology               |
| <input type="radio"/> COS    | Canadian Otolaryngology Society                                     |
| <input type="radio"/> NASBS  | North American Skull Base Society                                   |
| <input type="radio"/> OCOO   | Osteopathic College of Ophthalmologic Otolaryngology                |
| <input type="radio"/> SOHN   | Society of Otorhinolaryngology and Head-Neck Nurses                 |
| <input type="radio"/> SUO    | Society of University Otolaryngologists—Head and Neck Surgeons      |

Membership category	Membership criteria	U.S.	Canada	International	Application requirements				
					Two endorsements (see form)	Copy of current medical license	Copy of board certification	Verification letters	Bio/CV
<b>Fellow</b>	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Certified by a specialty board acceptable to the Board of Directors.	■	■		✓	✓	✓		
<b>Fellow/ Military/Gov employee</b>	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. Employed by the U.S. armed forces or U.S. government agency. Certified by a specialty board acceptable to the Board of Directors.	■			✓	✓	✓	✓	
<b>Member</b>	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Has completed three years of training in otolaryngology—head and neck surgery acceptable to the Board of Directors and is not board-certified.	■	■		✓	✓			
<b>Scientific Fellow</b>	PhD or equivalent degree in associated field including but not limited to audiology, speech-language pathology, and neuroscience. Full or conjoint appointment on an otolaryngology—head and neck surgery faculty and participates in a residency training program. This is a non-voting membership category.	■	■		✓				✓
<b>Resident</b>	Degree of MD or DO, or equivalent medical degree. Engaged in a full-time otolaryngology—head and neck surgery or other training program in the U.S. or Canada. Residency status cannot exceed six years. This is a non-voting membership category.	■	■		✓	✓		✓	
<b>Fellow In-Training</b>	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Engaged in a fellowship or postgraduate training program. Certified by a specialty board accepted to the Board of Directors. In-Training status cannot exceed two years.	■	■	■	✓	✓	✓	✓	
<b>Member In-Training</b>	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada, but not board-certified. Engaged in a fellowship or postgraduate training program. In-Training status cannot exceed two years.	■	■	■	✓	✓		✓	
<b>Affiliate - Medical Student</b>	Medical Student membership is for full-time students enrolled in an accredited medical school program, and not eligible for any other type of membership in the Academy. This is a non-voting membership category.	■	■		✓			✓	✓
<b>Affiliate - Others</b>	Not eligible for any other type of membership in the Academy, but supportive of otolaryngology—head and neck surgery. This is a non-voting membership category.	■	■	■	✓				✓
<b>Associate</b>	Degree of MD, DMD, or DDS and engaged in a field which is, in the view of the Board of Directors, allied to otolaryngology—head and neck surgery, and is not eligible for any other type of membership in the Academy. This is a non-voting membership category.	■	■		✓	✓			✓
<b>International Fellow</b>	Degree of MD or DO or equivalent practicing in a country other than the U.S. or Canada with a valid and unrestricted license in his or her respective country. Certified by a medical specialty board acceptable to the Board of Directors. This is a non-voting membership category.			■	✓	✓	✓		
<b>International Member</b>	Degree of MD or DO or equivalent and practicing in a country other than the U.S. or Canada with a valid and unrestricted license in his or her country. Completed three years of formal training in otolaryngology—head and neck surgery deemed acceptable to the Board of Directors. This is a non-voting membership category.			■	✓	✓			
<b>International Scientific Fellow</b>	Degree of PhD or equivalent in a field associated with otolaryngology—head and neck surgery including but not limited to audiology, speech-language pathology, and neuroscience. Full or conjoint appointment on an otolaryngology—head and neck surgery faculty outside of the U.S. or Canada. This is a non-voting membership category.			■	✓			✓	✓
<b>International Resident</b>	Degree of MD or DO, or equivalent and is engaged in a full-time otolaryngology—head and neck surgery training program acceptable to the Board of Directors and located outside the U.S. or Canada. Residency membership cannot exceed six years. This is a non-voting membership category.			■	✓	✓		✓	
<b>International Associate</b>	Degree of MD, DMD, or DDS and is engaged in a field which is, in the view of the Board of Directors, allied to otolaryngology—head and neck surgery, and is not eligible for any other type of membership. This is a non-voting membership category.			■	✓	✓			✓
<b>Retired</b>	Retired membership is open to those who are age 65 or greater and are retired from active practice by working twenty (20) hours or less per week. A member must send written notice to the AAO-HNS Board of Directors and supply a copy of their medical malpractice tail insurance coverage or other proof of retirement as provided to their local medical licensing board for this class of membership to be activated.	■	■	■				✓	

## MEMBERSHIP DUES:

Please check your dues amount. (Refer to member categories in the Membership Application Guidelines on pg. 3.)

Category		U.S.		Canada		International
Fellow	<input type="radio"/>	\$890	<input type="radio"/>	\$590	<input type="radio"/>	\$590
Fellow Military/ Government employee	<input type="radio"/>	\$790	<input type="radio"/>	N/A	<input type="radio"/>	N/A
Member	<input type="radio"/>	\$890	<input type="radio"/>	\$590	<input type="radio"/>	\$590
Scientific Fellow	<input type="radio"/>	\$590	<input type="radio"/>	\$590	<input type="radio"/>	\$590
Resident	<input type="radio"/>	\$100	<input type="radio"/>	\$100	<input type="radio"/>	\$100
Fellow In-Training	<input type="radio"/>	\$100	<input type="radio"/>	\$100	<input type="radio"/>	\$100
Member In-Training	<input type="radio"/>	\$100	<input type="radio"/>	\$100	<input type="radio"/>	\$100
Affiliate	<input type="radio"/>	\$250	<input type="radio"/>	\$250	<input type="radio"/>	\$250
Associate	<input type="radio"/>	\$890	<input type="radio"/>	\$590	<input type="radio"/>	\$590
Retired	<input type="radio"/>	\$100	<input type="radio"/>	\$100	<input type="radio"/>	\$100
Medical Student	<input type="radio"/>	\$100	<input type="radio"/>	\$100	<input type="radio"/>	\$100

(Current membership fees as of 10/2014. \*Subject to change)

## DOCUMENTATION REQUIRED

- ☐ Membership Application
- ☐ Copy of Current Medical License
- ☐ 2 Signatures of Endorsement
- ☐ Verification Letters/Signatures
- ☐ Bio/Curriculum Vitae
- ☐ Payment

Make check, money order, cashier's check, or draft payable on a U.S. bank, in U.S. dollars, to the American Academy of Otolaryngology—Head and Neck Surgery. Payment must be enclosed with your application.

## WIRE TRANSFERS ONLY:

To wire transfer funds to the AAO-HNS, send to: Bank of America, 730 15th St NW, 2nd Floor, Washington, DC 20005-1012; Bank of America, ABA # 026009593, Swift # BOFAUS3N (please include your full name on transfer and bank charges). You must add an additional \$16 to your total to account for the Bank of America Service charge.

☐ I understand that if I choose wire transfer as my payment method I must add an additional \$16 service charge.

Subtotal:

Total amount paid:

**OFFICE MANAGER:** If someone other than the applicant will handle billing, please indicate so here.

Full name

Email address

We cannot process your application until funds are received. Please check your method of payment:

☐ Check ☐ Money order ☐ Cashier's check ☐ VISA ☐ MasterCard ☐ AMEX ☐ Wire transfer

Credit card number

Expiration date (MM/YY)

Credit cardholder's billing address

Signature

Name on credit card

City

State

ZIP

Country

## PLEASE RETURN YOUR COMPLETED APPLICATION TO:

American Academy of Otolaryngology—Head and Neck Surgery  
ATTN: Member Service Center  
1650 Diagonal Road  
Alexandria, VA 22314-2857, U.S.A.  
Fax: 1-7036844288  
Email: memberservices@entnet.org

## AAO-HNS ETHICS STATEMENT

I certify that the above information is true and correct. I understand that any material false statement or misrepresentation (including omission of fact) on this application or on any document used to secure membership can be grounds for rejection of my application or, if I am granted membership, grounds for termination of my membership in the American Academy of Otolaryngology-Head and Neck Surgery. I understand if accepted, I agree to abide by the AAO-HNS bylaws, member-related policies, and the Code of Ethics. I understand that by providing my mailing address, telephone number, fax and e-mail address, I consent to receive communications sent by or on behalf of the American Academy of Otolaryngology-Head and Neck Surgery via regular mail, e-mail, telephone, or fax.

Signature of Applicant (REQUIRED)

Date

THANK YOU FOR YOUR SUPPORT OF THE AAO-HNS

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