



## Distinguished Award for Humanitarian Service Nomination Form

DEADLINE FOR E-MAILED APPLICATIONS: April 15

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### Selection Criteria

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This truly exceptional award should be conferred on a member of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS) who has many, if not all, of these credentials:

- **Character**

The nominee is widely recognized for a consistent, stable character distinguished by honesty, zeal for truth, integrity, love and devotion to humanity, and a self-giving spirit. The nominee should be recognized as an outstanding example and model to emulate as a life dedicated to a nobler, more righteous, and more productive way for the human to live as an individual on this earth.

- **Profession**

The nominee is well known for professional excellence, who furthermore has demonstrated professional dedication by giving of professional skills freely to those in this world, who otherwise cannot receive them physically and financially.

- **Possessions**

The nominee has freely given significantly of personal wealth to those in need without hope of personal gain or aggrandizement. This wealth has been skillfully and wisely invested to accomplish efficient charitable activities.

- **Time in life**

The nominee has used a large portion of important individual time in a planned and devoted manner to promote and/or undertake humanitarian activities.

- **Pre-eminent by election among peers**

Observing these highly desirable credentials, this nominee is chosen from among all members of this Academy as the one person who pre-eminently deserves this highest distinction.

The AAO-HNS Foundation will recognize the honoree at the Annual Meeting and OTO Experience, and the honoree will deliver a presentation at the meeting's Humanitarian Forum.

Please complete and e-mail the following documents as a singular PDF attachment to [humanitarian@entnet.org](mailto:humanitarian@entnet.org) by the deadline:

1. Complete nomination form
2. The nominee's Curriculum Vitae (CV) or resume
3. Letter(s) of recommendation from
  - a. Professional organization(s) charitably served
  - b. Civic and/or church groups
  - c. Project or program of humanitarian involvement
  - d. Family members (spouse, children, and/or relatives)
4. Additional information, as needed



## Distinguished Award for Humanitarian Service Nomination Form

### Personal Information

AAO-HNS Member ID # \_\_\_\_\_  
(If available)

Today's Date: \_\_\_\_\_

Nominee's Name \_\_\_\_\_  
Given name Middle Name or Initial Family name Degree (MD, FRCS, PhD, MBBS, etc.)

Nominee's Title and Position (e.g., Professor) \_\_\_\_\_

Institution/Medical School \_\_\_\_\_

#### Address:

Street/Office or Suite No. \_\_\_\_\_

City \_\_\_\_\_ State/ZIP code \_\_\_\_\_

Phones: Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Daytime number/extension

E-mail No. 1: \_\_\_\_\_ Email No. 2 \_\_\_\_\_

Summary of Achievements (Please write below or attach a brief summary to this application)



## Distinguished Award for Humanitarian Service Nomination Form

### Nominator Information

AAO-HNS Member ID # \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(If available)

Nominator's Name \_\_\_\_\_  
Given name Middle Name or Initial Family name Degree (MD, FRCS, PhD, MBBS, etc.)

Nominator's Title and Position (e.g., Professor) \_\_\_\_\_

Institution/Medical School \_\_\_\_\_

#### Address:

Street/Office or Suite No. \_\_\_\_\_

City \_\_\_\_\_ State/ZIP code \_\_\_\_\_

Phones Office (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Daytime number/extension

E-mail No. 1: \_\_\_\_\_ Email No. 2 \_\_\_\_\_