

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) Is this your Preferred Billing Address? Yes No

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 Is this your Preferred Billing Address? Yes No

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):

- Allergy
- Endocrine Surgery
- Facial Plastic & Reconstructive Surgery
- General Otolaryngology
- Head and Neck Surgery
- Laryngology
- Neurotology
- Otology/Audiology
- Pediatric Otolaryngology
- Rhinology
- Sleep Medicine

WHAT IS YOUR PRIMARY PRACTICE TYPE?

(SELECT ONLY ONE):

- Clinical Non-Physician
- Group Multi-Specialty - Primary Care & Specialty Care
- Group Multi-Specialty - Specialty Care Only
- Group Single Specialty - Other
- Group Single Specialty - Otolaryngology
- Non-Clinical Organization
- Not in Active Practice
- Research
- Solo Private Practice

SECONDARY PRACTICE TYPE

From the List Above, Please Select Only One:

WOULD YOU CONSIDER YOUR SETTING (SELECT ONLY ONE):

- Academic Practice
- Ambulatory Surgery Center
- Government (VA)
- Hospital or Health System (Employed)
- Off Campus Hospital Department (Offsite, Owned by Hospital)
- Private Practice
- Staff Model HMO

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 and 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.

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.

ENDORSER #1:

Print Full Name

AAO-HNS ID#

Signature

Name of National Society (International Applicants Only)

ENDORSER #2:

Print Full Name

AAO-HNS ID#

Signature

Are you a Member of your state/local otolaryngology society? Yes No

AMA MEMBER: YES NO

AMA Medical Education Number: _____

ACS MEMBER: YES NO

Year Elected: _____

Certification Board(s):

Year Certified

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

International Boards

RCSC	Royal College of Physicians and Surgeons, Canada	_____
RCSEd	Royal College of Surgeons, Edinburgh	_____
RCSAA	Royal College of Surgeons, Australasian	_____
RCSUK	Royal College of Surgeons, England	_____
RCSI	Royal College of Surgeons, Ireland	_____
RCSG	Royal College of Surgeons, Glasgow	_____

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

Society Memberships

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

Membership category	Membership criteria	U.S.	Canada	International	Application requirements				
					Tinno endorsements (see form)	Copy of current medical license	Copy of board certification	Verification letters	Bio/CV
Fellow	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.	■	■		✓	✓	✓		
Fellow/ Military/Gov employee	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.	■			✓	✓	✓	✓	
Member	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.	■	■		✓	✓			
Scientific Fellow	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.	■	■		✓				✓
Resident	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.	■	■		✓	✓		✓	
Fellow In-Training	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.	■	■	■	✓	✓	✓	✓	
Member In-Training	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.	■	■	■	✓	✓		✓	
Affiliate - Medical Student	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.	■	■		✓			✓	✓
Affiliate - Others	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.	■	■	■	✓				✓
Associate	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.	■	■		✓	✓			✓
International Fellow	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.			■	✓	✓	✓		
International Member	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.			■	✓	✓			
International Scientific Fellow	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.			■	✓			✓	✓
International Resident	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.			■	✓	✓		✓	
International Associate	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.			■	✓	✓			✓

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	\$890	\$590	\$590
Fellow Military/ Government Employee	\$790	N/A	N/A
Member	\$890	\$590	\$590
Scientific Fellow	\$590	\$590	\$590
Resident	\$100	\$100	\$100
Fellow In-Training	\$100	\$100	\$100
Member In-Training	\$100	\$100	\$100
Affiliate	\$250	\$250	\$250
Associate	\$890	\$590	\$590
Medical Student	\$100	\$100	\$100

(Current membership fees as of Feb. 2016. *Subject to change)

DOCUMENTATION REQUIRED

- Membership Application
- Copy of Current Medical License
- Two 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 \$25 to your total to account for the Bank of America Service charge.

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

I understand that if I choose wire transfer as my payment method I must add an additional \$25 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

Signature

Expiration Date (MM/YY)

Name on Credit Card

Credit Cardholder's Billing Address

City
 State
 ZIP
 Country

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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