Otolaryngology–Head and Neck Surgery Resident Reviewer Development Program Application Form

Please e-mail this application form and the signed Program Director Letter of Support to the Editorial Office at otomanager@entnet.org or fax them to the journal office, attention Collin Grabarek, 1-703-299-1136.

Select Personal Classifications

Please identify your areas of interest and specialization by selecting **up to 3** classifications from the list below. Rank your classifications in terms of your level of interest from 1-3, with 1 being the highest.

100	Sinonasal disorders	640	Microvascular
110	Allergy	650	MOHS
120	Rhinosinusitis	660	Rhinoplasty
200	Laryngology/Neurolaryngology	670	Tissue Engineering
210	Sleep Apnea/Snoring	700	Epidemiology/Outcomes Research
220	Swallowing	710	Business of Medicine
230	Voice	720	Health Policy
300	Otology/Neurotology	730	Health Economics
310	Balance Disorders/Vertigo	750	Geriatrics
320	Cochlear Implants	770	Quality of Life
330	Meniere's Disease	780	Patient Safety and Quality
340	Tinnitus	790	Education
350	Vestibular Disorders	810	Computer-aided Surgery
400	Head and Neck Cancer	820	Endoscopic Surgery
420	Radiology	830	Head and Neck Surgery
500	Pediatric Otolaryngology	840	Skull Base Surgery
510	Otitis Media	850	Endocrine Surgery
600	Facial Plastics	860	Simulation
610	Reconstructive Surgery	900	General Otolaryngology
620	Facial Nerve	910	Basic Science
630	Free Flaps		

PGY# Institu	ition, and Address		

Academy ID# Email