

Board of Governors

**Practitioner Excellence Award**

The Board of Governors Practitioner Excellence Award recognizes the prototypical clinical otolaryngologist one wishes to emulate.

# Criteria

Board of Governors representatives and/or Academy members can nominate individuals who, within the past 10 years, have practiced medicine in an exemplary manner and are sought out by other physicians because of their personal and effective care. The nominee *must* be an Academy member in good standing and should have, in addition to his or her clinical skills, one or more of the following attributes:

* Civic leadership
* Charitable activity
* Leadership involvement with local, state, or national medical organizations
* Community education
* Participation in local civic and/or community activities

The award will be presented during the BOG General Assembly meeting on Monday afternoon, September 28, 2015 in Dallas Texas.

**DEADLINE – Monday, April 13, 2015**

**Nominations**: To nominate a candidate, submit their name and contact information, along with your contact information. You may submit your application via email to [bog@entnet.org](mailto:bog@entnet.org), via mail to the address below, or via fax to 1-703-684-4288. The BOG Rules & Regulations Committee may follow up with nominees to request additional information.

AAO-HNS  
Attn: BOG

1650 Diagonal Road

Alexandria, VA 22314-2857

### Board of Governors Practitioner Excellence Award Application

# Deadline: Monday, April 13, 2015

**Nominee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of why this candidate is deserving of this award, please be specific (and enumerate) how they meet the criteria as listed:**

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**Nominator**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit the application to the address, email, or fax number above