



AMERICAN ACADEMY OF  
OTOLARYNGOLOGY-  
HEAD AND NECK SURGERY

F O U N D A T I O N<sup>®</sup>

## 2019 HELEN F. KRAUSE, MD MEMORIAL TRAILBLAZER AWARD

Presented at the American Academy of Otolaryngology-  
Head and Neck Surgery Foundation Annual Meeting & OTO Experience

### CALL FOR NOMINATIONS

Deadline for receipt of nominations (email only) : **Monday, June 10, 2019**

### PREAMBLE/CRITERIA FOR SELECTION

The AAO-HNS Women in Otolaryngology (WIO) Section is pleased to accept nominations for the Dr. Helen F. Krause Memorial Trailblazer Award. This annual award recognizes an individual who through scholarship, advocacy, leadership, and/or mentorship has furthered the interests of women in the field of otolaryngology. Nominees must be a current AAO-HNS member.

### SELECTION PROCESS AND AWARD PRESENTATION

The WIO Program & Awards Committee will evaluate the nominations and select an honoree. The honoree will be acknowledged during the Women in Otolaryngology Section General Assembly Meeting, Monday, September 16, 2019, in New Orleans, LA. The Academy will also recognize the honoree on its website, and in other media where awardees are covered.

### NOMINEE'S PERSONAL INFORMATION

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

Nominee's Name \_\_\_\_\_

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

Institution/Medical School \_\_\_\_\_  
Given name Middle Name or Initial Family name Degree (MD, DO, FRCS, PhD, MBBS, etc.)

Street Address \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_



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## Call for Nominations

### SUMMARY OF ACHIEVEMENTS

### SUPPORTING DOCUMENTATION

Please attach:

1. The Nominee's Curriculum Vitae (CV) or resume
2. Letter(s) of recommendation
3. Additional information

### NOMINATOR INFORMATION

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

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

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

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

Street Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### APPLICATION INSTRUCTIONS

Please complete and return this form along with supporting documents via email to [wio@entnet.org](mailto:wio@entnet.org).  
Questions? Contact **Shonda Wilson** at [wio@entnet.org](mailto:wio@entnet.org). Nominators will receive an email  
confirmation for each submission.