

Distinguished Award for Humanitarian Service Nomination Form

Deadline for Applications: April 15

Selection Criteria

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 & OTO Experience, and the honoree will deliver a presentation at the meeting's Humanitarian Forum. Please complete and email the following documents as a **single PDF attachment** to humanitarian@entnet.org by April 15:

- Complete nomination form
- The nominee's curriculum vitae (CV) or resume
- Letter(s) of recommendation from
 - Professional organization(s) charitably served
 - Civic and/or church groups
 - Project or program of humanitarian involvement
 - Family members (spouse, children, and/or relatives)
- Additional information, as needed



Distinguished Award for Humanitarian Service Nomination Form

Nominee Information

AAO-HNS Member ID _____ Today's Date _____
(If available)

Nominee's Name _____
Given Name Middle Name or Initial Family Name Degree (MD, FRCS, PhD, etc.)

Nominee's Title _____

Institution/Medical School _____

Street Address _____ Suite/Room/Apartment # _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Daytime Phone _____ Fax _____
with Area or Country Code with Area or Country Code

Email _____

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, etc.)

Nominator's Title _____

Institution/Medical School _____

Street Address _____ Suite/Room/Apartment # _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Daytime Phone _____ Fax _____
with Area or Country Code with Area or Country Code

Email _____