Distinguished Award for Humanitarian Service
Call for Nominations
Deadline for receipt of nominations (email only)—COB, Monday, April 13, 2015.

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 nominee’s friends, professional colleagues, community leaders, family, and patients, whom the nominee has served, should eagerly and spontaneously attest to the information for this honor.

The AAO-HNS Foundation will recognize the honoree at the Opening Ceremony of this year Annual Meeting and OTO EXPO℠, and the honoree will deliver a presentation at the meeting’s Humanitarian Forum.

Personal 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, MBBS, etc.)

Nominee’s Title and Position (e.g., Professor) __________________________________________________________

Institution/Medical School ____________________________________________ ________________________________

Address:

Street/Office or Suite No. ____________________________________________________________________________

City _______________________________________________ State/ZIP code _________________________________

Phones: Office (____) ________________ Cell (____)________________Fax (____) ____________________________

Daytime number/extension

E-mail No. 1: ____________________________________________ Email No. 2 ______________________________________
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Summary of Achievements

Supporting Documentation

Please attach
1. The nominee’s Curriculum Vitae (CV) or resume
2. Letter(s) of recommendation from
   a. Professional organization(s) charitably served
   b. Civic and/or church groups
   c. Project or program of humanitarian involvement
   d. Family members (spouse, children, and/or relatives)
3. Additional information

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, MBBS, etc.)

Nominator’s Title and Position (e.g., Professor) ___________________________________________________

Institution/Medical School ___________________________________________________________________

Address:

Street/Office or Suite No. _____________________________________________________________________

City _______________________________________ State/ZIP code _________________________________

Phones Office (____) ___________ Cell (____) ___________ Fax (____) __________

Daytime number/extension

E-mail No. 1: _______________________________________________ Email No. 2 ______________________

Application Instructions

Please complete and return the nomination form and supporting documents as a PDF attachment by email to Bethany Clifton, staff liaison, Humanitarian Efforts Committee, 1650 Diagonal Road, Alexandria, VA 22314-2857, USA, or Questions? Call 1-703-535-3736. Please do not mail or fax hard copies of nomination materials, email only.

Thank you for your interest in the AAO-HNSF Humanitarian Efforts program!

Working for the Best Ear, Nose, and Throat Care Worldwide