

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

Please email this application form and the Letter of Support signed by your program director to the RRDP coordinator at rrdp@entnet.org.

1. Applicant Statement

Please describe your motivation for joining the program and your expectations (one paragraph).

2. Select Personal Classifications

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

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

Title	First Name	Middle Name/Initial	Last Name	Degree(s)
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PGY#, Institution

Mailing Address

Academy ID# (if applicable)

Email Address
