**I. GENERAL INFORMATION**

**PLEASE NOTE:** The AAO-HNS **requires** a background check on all candidates chosen to run for President-Elect and Director-at-Large. NO EXCEPTIONS**.**

***A.* PERSONAL INFORMATION (Print legibly or type – all information is required)**

i. **Full Name & Credentials:**

ii. **Employer**:

iii. **Work Address**:

iii. **Phone (provide work *and* cell):**

iv. **Email Address:**

***B.* MEDICAL APPOINTMENTS AND OTHER POST-GRADUATE EDUCATION**

**PLEASE NOTE:** Include all information below, even if it is listed on your CV. **The truncated CV is specific to the ballot/website, not for review by the Nominating Committee**.

i. Please list all academic and hospital appointments

ii. Are you in active clinical practice? YES \_\_\_\_\_ NO \_\_\_\_\_

 **If NO, please explain below, e.g., retired, research project, etc.**

iii. Are you certified by the ABO-HNS and/or other ABMS Boards? YES \_\_\_\_\_ NO \_\_\_\_\_

 Please list the Board(s) and date(s) of certification.

***C*. MEDICAL LICENSE**

List all states in which you have applied or are currently licensed to practice. If more space is needed, attach a separate sheet. If you are no longer licensed, or if a license was not issued, please explain below.

State/Date Issued:

State/Date Issued:

State/Date issued:

II. **CONFIDENTIAL SECTION\***

This section is modeled after hospital medical staff application forms. *The information provided in this section of the confidential disclosure form is shared only with the current members of the Nominating Committee who are obligated to total confidentiality into perpetuity. All YES answers require an explanation.*

1. Do you currently have any physical or mental health condition (including but not limited to a current drug or alcohol dependency) that would adversely affect your ability to perform the essential duties and responsibilities of the Academy office or position that you are seeking? YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain.**

1. Have you ever been convicted of a felony? YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain.**

1. Has your medical license ever been subject to any adverse action or other restriction, including but not limited to revocation, suspension, probation, admonition, or censure? YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain.**

1. Has any adverse action been taken against you by the Federal government, any law enforcement authorities, any hospital, or any managed care company? YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain.**

1. Are there **any** malpractice judgments or settlements that you have had to report to the National Practitioner's Data Bank or that otherwise should be brought to the attention of the Nominating Committee? YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain.**

1. Is there anything in your past, including anything about your family, that might be embarrassing to the Academy if it became public? YES \_\_\_\_ NO \_\_\_\_

**If YES, please explain.**

Thank you for your willingness to be considered for an elected position in the AAO-HNS/F.

**Signature (electronic or handwritten**) **Date**

**Type or print name legibly** **Member ID**