**FULL NAME (Required):**

**(MUST HAVE EMBED PHOTO HERE)**

**Are you in \_\_Academic \_\_Private Practice\***

***\*For election purposes, Academics moving to Private Practice must have left academia for a minimum of 3 years to be considered a Private Practitioner; same holds for a Private Practitioner moving to academia.***

**Are you: \_\_Military?**

**2024 ELECTED POSITION(S) FOR WHICH YOU ARE APPLYING** *(if considering* ***more than one****, please* ***rank in order of preference****)*: **PLEASE NOTE: President-elect candidate must have served as a member of the AAO-HNS Board (not an invited guest).**

**\_\_\_** President-Elect (Private Practice)

\_\_\_ At-Large Director

\_\_\_ Nominating Committee

\_\_\_ Audit Committee

**My practice is in (please check one and fill in appropriate blank):**

**\_\_\_\_ General Otolaryngology**

**\_\_\_\_ Subspecialty Otolaryngology: List Specialty:**

**\_\_\_\_ Hybrid – General with Subspecialty Concentration in: (Please list)**

**Your responses to the following questions will be carefully considered and weighed by the Nominating Committee as part of the nominee application review process. *Please be as specific as possible in your written responses and use as much space for each response as needed.***

**ACADEMY/FOUNDATION** SERVICE:

**Committees:** List your experience on **Academy/Foundation** committees. (Include position(s) held and dates of service; *past or current service on an Academy/Foundation committee is* ***required*** *for consideration).*

**Leadership:** List your **Academy/Foundation** leadership positions. (Include position(s) held and dates of service)

**Other Academy service:** List other service to the **Academy/Foundation** outside of the categories listed above.

**NON-ACADEMY** SERVICE:

**List your experience with other specialty organizations or board memberships.**

**List your experience with leadership in your hospital, medical staff, community, or other non-otolaryngology organizations.**

**Have you read and do you understand the job description(s) for which you are applying and are you willing and able to serve the full term of the position(s) and meet all expected time commitments, including attending meetings and participating on calls?** **\_\_\_YES** \_**\_\_NO**

**Do you understand the aspects of the \*AAO-HNS/F Code for Interactions with Companies” which directly applies to those in leadership positions, and if necessary, are you willing to relinquish those conflicts immediately prior and during your tenure in office?**

 \_\_\_\_**YES \_\_\_\_ NO**

**\*Code: 1.4.** Key AAO-HNS/F Leaders may not have Direct Financial Relationships with Companies during his or her term of service. Key AAO-HNS/F Leaders may provide uncompensated service to Companies and accept reasonable travel reimbursement in connection with those services. Key AAO-HNS/F Leaders may accept research support as long as grant money is paid to the institution or practice where the research is conducted, not to the individual. Research support, uncompensated services, and other permitted relationships are required to be disclosed.

*Annotation: Key AAO-HNS/F Leaders may receive wages or other compensation from a Company in exchange for providing or overseeing the provision of health services to Company personnel. Key AAO-HNS/F Leaders may accept reasonable compensation for serving on an independent data safety monitoring board in a Company study. Key AAO-HNS/F Leaders may own stock or stock options in a Company. Key AAO-HNS/F Leaders may receive royalties or similar fees relating to patents or other intellectual property. While permitted under Principle 1.4, all such relationships should nevertheless be disclosed and managed in accordance with Principles 2.3.*

*If a Key AAO-HNS/F Leader receives stock or stock options from a Company as wages, consulting fees, honoraria, or other compensation (other than the permitted payments as described in the prior paragraph), this is considered a Direct Financial Relationship. If a Key AAO-HNS/F Leader directs a Company honorarium, other fee or compensation (other than the permitted payments as described in the prior paragraph), to AAO-HNS/F, a charity, their practice or another entity, this is also considered a Direct Financial Relationship.*

I, , agree to support and uphold all aspects of the AAO-HNS/F Code for Interactions with Companies (“the Code”). I will voluntarily disclose any and all direct financial relationships with companies as described in the Code, and if necessary, am willing to relinquish those

conflicts immediately prior to and during my tenure in an AAO-HNS/F elected position.

**Signature (REQUIRED)** **Date**

**Print Name Member ID Number**

***NOTE: Signature may be in the form of an “e-signature” (typed) or handwritten and will signify agreement to the statement noted above.***

**PRESIDENT-ELECT AND BOARD OF DIRECTORS NOMINEES ONLY:**

Nominees who are selected to run as candidates for President-Elect or Director at Large are ***required*** to submit to a background check before the slate is officially announced. Are you willing to agree to this requirement? **\_\_\_YES \_\_\_NO**

**PRESIDENT-ELECT NOMINEES ONLY:**

Nominees wishing to be considered for the position of President-Elect must have prior service on the AAO-HNS/F Boards of Directors. Do you fulfill this qualification?

 **\_\_\_YES \_\_\_\_NO**

**If YES, please list the position(s) held and date(s) of service**: