

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

Applicant Statement: In a few sentences, describe your motivation for joining the program and your expectations.

Select Personal Classifications

Identify your areas of interest and specialization by selecting up to 3 classifications from the list below, ranking them from 1 to 3.

	100	Sinonasal disorders		720	Health Policy
	110	Allergy		750	Geriatrics
	120	Rhinosinusitis		770	Quality of Life
	200	Laryngology/Neurotology		780	Patient Safety and Quality
	210	Sleep Apnea/Snoring		810	Computer-aided Surgery/Technology/Artificial Intelligence
	220	Swallowing		820	Endoscopic Surgery
	230	Voice		830	Head and Neck Surgery
	300	Otology/Neurotology		840	Skull Base Surgery
	310	Balance Disorders/Vertigo/ Vestibular Disorders		850	Endocrine Surgery
	320	Cochlear Implants		860	Simulation
	340	Tinnitus		900	General Otolaryngology
	400	Head and Neck Cancer		910	Basic Science/Tissue Engineering
	420	Radiology		1000	Audiology/Audiovestibular Testing
	500	Pediatric Otolaryngology		1010	Cleft and Craniofacial Surgeries
	600	Facial Plastics/Blepharoplasty/Face Lift		1020	Hearing Loss
	620	Facial Nerve		1030	Molecular Diagnosis
	630	Free Flaps/Microvascular Reconstruction		1040	Olfaction
	650	Mohs		1050	Physician/Resident Wellness
	660	Rhinoplasty		1060	Reflux
	700	Epidemiology/Outcomes Research		1080	Health Equity (Diversity, Equity, Inclusion)
	710	Business of Medicine/Healthcare Economics			

First Name

Middle Initial
(if applicable)

Last Name

Degree(s)

PGY, Institution, and Address

Academy ID# (if applicable)

Email

Email this form and the Letter of Support signed by your program director to the RRD office at rrdp@entnet.org.