

To confirm your eligibility, please review the requirements to become a peer reviewer: qr.entnet.org/PeerReviewer.

If you are currently a resident in training, please instead apply to the Resident Reviewer Development Program or reach out to rrdp@entnet.org.

More information can be found at: lead.me/RRDP.

SELECT PERSONAL CLASSIFICATIONS

Please identify your areas of interest and specialization by selecting up to 5 classifications from the list below. Listing your classifications will help to ensure that you are invited to review papers of interest that match your expertise.

100: Sinonasal Disorders	770: Quality of Life
110: Allergy	780: Patient Safety and Quality
120: Rhinosinusitis	790: Education
200: Laryngology/Neurolaryngology	810: Computer-aided Surgery
210: Sleep Apnea/Snoring	820: Endoscopic Surgery
220: Swallowing	830: Head and Neck Surgery
230: Voice	840: Skull Base Surgery
300: Otology/Neurotology	850: Endocrine Surgery
310: Balance Disorders/Vestigo/Vestibular Disorders	860: Simulation
320: Cochlear Implants	900: General Otolaryngology
340: Tinnitus	910: Basic Science
400: Head and Neck Cancer	920: Tissue Engineering
420: Radiology	930: New Technologies
500: Pediatric Otolaryngology	940: Artificial Intelligence
600: Facial Plastics/Blepharoplasty/Face Lift	1000: Audiology/Audiovestibular Testing
620: Facial Nerve	1010: Cleft and Craniofacial Surgeries
630: Free Flaps/Microvascular Reconstruction	1020: Hearing Loss
650: Mohs	1030: Molecular Diagnosis
660: Rhinoplasty	1040: Olfaction
700: Epidemiology/Outcomes Research	1050: Physician/Resident Wellness
710: Business of Medicine/Healthcare Economics	1060: Reflux
720: Health Policy	1070: Robotic Surgery
750: Geriatrics	1080: Health Equity (Diversity, Equity, Inclusion)

PERSONAL INFORMATION

Title: _____ Name: _____ Degree(s): _____

Position: _____ Institution: _____

Address: _____

Academy ID (if applicable): _____ Email: _____

Signature: _____ Date: _____