

TRIOLOGICAL SOCIETY PROPOSAL FOR ACTIVE FELLOWSHIP

Deadline for Receipt of Materials Is October 1st--All Fields Are Required

I have registered for and attended a Triological Meeting (section or annual) in the past five years (attendance will be verified). (COSM attendance--you must have registered for and attended the Triological Society meeting during COSM.)

- Yes
- No

Application must be completed online

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NAME:

First	<input type="text"/>
Middle	<input type="text"/>
Last	<input type="text"/>
MD or MD PhD	<input type="text"/>
Other degrees	<input type="text"/>
FACS Y/N	<input type="text"/>

OFFICE ADDRESS:

Institution name	<input type="text"/>
Department	<input type="text"/>
Street address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>

CERTIFICATION INFO:

Yr of cert by ABOto	<input type="text"/>
Yr & name cert by other specialty Board	<input type="text"/>

BIRTH INFO:

Date of birth	<input type="text"/>
Place of birth	<input type="text"/>

CONTACT INFO:

Email	<input type="text"/>
Office phone	<input type="text"/>
Office fax	<input type="text"/>
Home phone	<input type="text"/>

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OTHER INFO:

Home street address	<input type="text"/>
Home city	<input type="text"/>
Home state	<input type="text"/>
Home zip	<input type="text"/>
Home country	<input type="text"/>
Spouse name	<input type="text"/>
Send Society correspondence to home or office?	<input type="text"/>

PROPOSERS:

Proposed by	<input type="text"/>
Seconded by	<input type="text"/>

PAPERS/PUBLICATIONS:

Number of papers presented at Triological Society meetings within the last five years	<input type="text"/>
Number of papers presented at other national meetings within the past five years	<input type="text"/>
Total number of scientific publications in peer reviewed journals	<input type="text"/>

TRAINING:

College 1 [name >> years attended >> degree]	<input type="text"/>
College 2 [name >> years attended >> degree]	<input type="text"/>
PostGrad 1 [advanced degree (excluding medical school)]	<input type="text"/>
PostGrad 2 [advanced degree (excluding medical school)]	<input type="text"/>
Medical School [name >> years attended >> degree]	<input type="text"/>
Internship 1 [where >> years >> type]	<input type="text"/>
Internship 2 [where >> years >> type]	<input type="text"/>
Residency 1 [where >> years >> type]	<input type="text"/>
Residency 2 [where >> years >> type]	<input type="text"/>
Fellowship 1 [where >> years >> type]	<input type="text"/>
Fellowship 2 [where >> years >> type]	<input type="text"/>

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ALL CURRENT APPOINTMENTS: Hospital and teaching (i.e. type - Assistant Professor)

Current Academic Appointments 1 [type >> name of medical school]

Current Academic Appointments 2 [type >> name of medical school]

Current Academic Appointments 3 [type >> name of medical school]

Current Academic Appointments 4 [type >> name of medical school]

Current Other/Hospital Appointments 1 [type >> name]

Current Other/Hospital Appointments 2 [type >> name]

Current Other/Hospital Appointments 3 [type >> name]

TRIOLOGICAL MEETINGS: Check the meetings (section or annual) for which you registered and attended in the past five years. Note: COSM attendance--you must have registered for and attended the Triological Society meeting during COSM

- | | |
|--|--|
| <input type="checkbox"/> Sections 2012 | <input type="checkbox"/> Annual at COSM 2012 |
| <input type="checkbox"/> Sections 2011 | <input type="checkbox"/> Annual at COSM 2011 |
| <input type="checkbox"/> Sections 2010 | <input type="checkbox"/> Annual at COSM 2010 |
| <input type="checkbox"/> Sections 2009 | <input type="checkbox"/> Annual at COSM 2009 |
| <input type="checkbox"/> Sections 2008 | <input type="checkbox"/> Annual at COSM 2008 |

NATIONAL MEETINGS: Number of national meetings other than Triological Society for which you registered and attended in the past five years

2008 - 2012

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SOCIETIES: Check national and international scientific and professional societies to which you belong

- | | |
|---|---|
| <input type="checkbox"/> AAFPRS - American Academy of Facial Plastic and Reconstructive Surgery | <input type="checkbox"/> AOS - American Otological Society |
| <input type="checkbox"/> AAOA - American Academy of Otolaryngic Allergy | <input type="checkbox"/> ARS - American Rhinologic Society |
| <input type="checkbox"/> AAO-HNSF - American Academy of Otolaryngology-Head and Neck Surgery | <input type="checkbox"/> ASGO - American Society of Geriatric Otolaryngology |
| <input type="checkbox"/> AAP - American Academy of Pediatrics | <input type="checkbox"/> ASPO - American Society of Pediatric Otolaryngology |
| <input type="checkbox"/> ABEA - American Broncho-Esophagological Association | <input type="checkbox"/> ARO - Association for Research in Otolaryngology |
| <input type="checkbox"/> ACS - American College of Surgeons | <input type="checkbox"/> AADO - Association of Academic Departments of Otolaryngology |
| <input type="checkbox"/> AHNS - American Head and Neck Society | <input type="checkbox"/> RCS - Royal College of Surgeons |
| <input type="checkbox"/> AMA - American Medical Association | <input type="checkbox"/> SUO-HNS - Society of University Otolaryngologists/Head and Neck Surgeons |
| <input type="checkbox"/> ANS - American Neurotology Society | |

Other (please specify)

GRANTS: Have you received any grant funding and, if so, please give details including name of project(s), type of grant(s) received, and name or organization from which grant funding was received

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Civic, public or military positions

PRACTICE: In which area do you spend the majority of your practice?

- | | |
|--|---|
| <input type="checkbox"/> ALI = Allergy/Immunology | <input type="checkbox"/> LAR = Laryngology |
| <input type="checkbox"/> ADM = Administration | <input type="checkbox"/> MXF = Maxillofacial Surgery |
| <input type="checkbox"/> BOE = Bronchoesophagology | <input type="checkbox"/> NEU = Neurotology |
| <input type="checkbox"/> FPR = Facial Plastic & Reconstructive Surgery | <input type="checkbox"/> OTO = Otology |
| <input type="checkbox"/> FTR = Full-Time Research | <input type="checkbox"/> PED = Pediatric Otolaryngology |
| <input type="checkbox"/> GEN = General Otolaryngology | <input type="checkbox"/> RHI = Rhinology |
| <input type="checkbox"/> HNS = Head & Neck Surgery | <input type="checkbox"/> SLP = Sleep |

As an applicant for candidacy for Active Fellowship in the Triological Society, I agree to adhere to the current standards of ethical conduct as defined by the American Medical Association and endorsed by the Triological Society.

Initial here

Date

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INITIAL EACH BOX: In order for your application to be complete, you must email, mail, OR fax the following by OCTOBER 1ST (email--marsha@triological.org; mail--Triological Society, 13930 Gold Circle Suite 103, Omaha, NE 68144; fax--402-346-5300)

\$50 fee--credit card OR check (for credit card payment complete below before clicking on "Submit" button; make checks payable to the Triological Society)

Current Curriculum Vitae

Copy of specialty Board Certificate

Letters from Proposer and Seconder

A recent photograph (color or black & white, no website photos) which can be scanned and reproduced. This photograph will be widely disseminated in the Candidate Credentials booklet, so resolution is important. If mailing photograph, do not staple.

It is desirable for both the Proposer and Seconder to attend your Section business meeting and present you as their proposed candidate, however, at least one of them must attend your Section meeting to speak on your behalf. In the event of an unforeseeable circumstance, and neither the Proposer nor Seconder can be present at the business meeting, those members present must unanimously agree to review your credentials without the benefit of the Proposer or Seconder. If the members do not unanimously agree to review your credentials without the Proposer or Seconder present, your application will be tabled.

CREDIT CARD PAYMENT (all of the below information is required if paying by credit card):

Card type

Credit card number

Expiration date

Card security code

Cardholder's name

Billing address (no PO boxes--building or house number only)

Billing city

Billing state

Billing Zip

Amount due (\$50)

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