



**THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL
AND OTOLOGICAL SOCIETY, INC.
aka THE TRIOLOGICAL SOCIETY**

POST GRADUATE MEMBERSHIP GUIDELINES

1. The applicant must be an otolaryngologist-head and neck surgeon who has satisfactorily completed a residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), but who does not yet meet the requirements for candidacy as an Active Fellow.
2. The applicant must be recommended by two Active Fellows of the Society (proposers). It is preferable that at least one proposer reside in the vicinity in which the applicant practices/resides. The proposers should know the candidate personally and be fully aware of his/her credentials.
3. Post-Graduate membership shall be for a maximum of four years beyond primary residency training.
4. Membership in this category is not required to become a candidate for Active Fellowship, but is highly recommended.

APPLICATION/PROPOSAL PROCESS FOR NEW MEMBERS

1. A qualified candidate may become a Post Graduate member by application, which may be submitted at any time during the year.
2. The application form, available at www.triological.org/membership.htm must be completed online by the applicant. Upon completion of the online application, the applicant must forward to the Society the following: (1) a current curriculum vitae; (2) letters from two Active Fellows of the Society; (3) a current photograph (digital format/not web based); (4) check for dues in the amount of \$85.
4. After receipt of all required materials, the applicant will be confirmed as a Post-Graduate Member of the Triological Society. A subscription to *The Laryngoscope* will be sent to the member upon receipt of dues. The Council reserves the final decision on the qualifications of any applicant.

Send the following materials upon completion of the online application:

- Letters of recommendation from Proposers
- Current curriculum vitae
- Applicant recent photo – email to beth@triological.org
- \$85.00 annual dues payment

**FORWARD MATERIALS TO:
Triological Society**

**13930 Gold Circle Suite 103 • Omaha, NE 68144
Phone : 531-355-8900 • Fax 531-355-8905
beth@triological.org**

BENEFITS OF MEMBERSHIP

**Complimentary subscription to The Laryngoscope (print & online)
Registration at Member rate at Section and Annual (COSM) Meetings
Society mailings**

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PROPOSAL FOR POST-GRADUATE MEMBERSHIP

THIS IS AN EDITABLE PDF

1. Name in Full _____
2. Date and Place of Birth _____
3. Office Address _____

4. Home Address _____

5. Business Phone _____ Business Fax _____
Home Phone _____ Cell Phone _____
Preferred Email _____
6. Proposed by _____
7. Date of Completion of: Residency Training _____ Fellowship Training _____
(month/year) (month/year)
8. Training (include Colleges, Internships, Residencies, Post-Graduate Training, Special Training in Otolaryngology in Chronological Order, Including Dates) _____

9. Date of Exclusive Practice of Otolaryngology or Fellowship Training _____
10. Present Appointments-Hospital and Training _____

11. List Those Meetings of the Triological Society (Section or Annual) for Which You Registered and Attended in the Last Five Years _____

12. List the Meetings Other than Triological Society for Which You Registered and Attended in the Last Five Years _____

13. Scientific and Professional Societies (Include Offices Held) _____
- _____
- _____
14. Scientific Publications in a Peer Reviewed Journal; When and Where Published (Furnish Reprints if Possible)
- _____
- _____
- _____
15. Papers Presented within the Last Five Years _____
- _____
- _____
- _____
16. Spouse's Name _____
17. Children's' Names and Ages _____
- _____
18. Civic, Public or Military Positions _____
- _____
- _____

I agree to adhere to the current standards of ethical conduct as defined by the American Medical Association and endorsed by the Triological Society.

Signature of Proposed Candidate

Date

Upon completion of this online application, please forward:

1. Current curriculum vitae
2. Letters from 2 proposers
3. Recent photograph - email to beth@triological.org
4. \$85.00 dues payment (credit card payments can be made at www.triological.org/membership.html -- click on the Credit Card Dues Payments icon-- use member ID #1111 • checks should be payable to Triological Society)

**Mail Application to
Triological Society • 13930 Gold Circle Suite 103 • Omaha, NE 68144**

**Questions May Be Referred to the Society at
13930 Gold Circle Suite 103 • Omaha, NE 68144 • 531-355-8900 • beth@triological.org**