

You're
invited to
join us ::



STEP 1

To ensure timely processing of your application, please complete all sections and submit required documentation (pg. 2).

STEP 2

See the Membership Application Guidelines on the next page to select the type of membership for which you qualify: Fellow, Member, Scientific Fellow, Associate, Affiliate, Resident, or Retired. Please note: To apply for the Resident or In-Training category, you must submit verification of training with your application. Either attach an official letter of acceptance to the program, or have your program director/chair complete the Training Verification section of the application. To apply for Retired category, you must submit a copy of your medical malpractice tail insurance coverage or other proof of retirement as provided to your local medical licensing board with your application.

STEP 3

Submit an endorsement from an active Fellow, Member, Scientific Fellow, Life Member, or society officer. If you are in a training or residency program, your program director/chair may endorse your membership application.

STEP 4

Mail, fax, or email your completed application to the AAO-HNS with your membership dues. Dues cover your membership from the time we receive and process your application through December 31. Applications processed after August 31 receive immediate electronic member benefits (e.g., access to the online journal and *Bulletin*, the weekly e-newsletter, *The News*, etc.) and the Annual Meeting & OTO EXPO discounts. Full member benefits begin January 1.

STEP 5

After we verify and confirm your application and payment, we will notify you of your candidacy. About one week later, we will email you a welcome letter to confirm your status as a member candidate. You may then start to order educational materials at the special member rate. Other member benefits such as your subscriptions to our scientific journal and the *Bulletin* will start within four weeks. If you join after August 31, your print subscriptions will begin January 1. The Board of Directors votes on membership three times per year. Upon Board approval, we will order and mail your membership certificate. Resident and In-Training members receive certificates when they complete their training programs.

PLEASE RETURN YOUR COMPLETED APPLICATION TO:



American Academy of Otolaryngology—
Head and Neck Surgery
ATTN: Member Service Center
1650 Diagonal Road
Alexandria, VA 22314-2857, U.S.A.
Fax: 1-703-684-4288
Email: memberservices@entnet.org

PLEASE DIRECT INQUIRES TO:



American Academy of Otolaryngology—
Head and Neck Surgery
Member Service Center
Email: memberservices@entnet.org
Telephone Toll Free: 1-877-722-6467 (U.S. and
Canada) or 1-703-836-4444 (International)
Fax: 1-703-684-4288

Membership category	Membership criteria	U.S.	Canada	International	Application requirements				
					Two endorsements (see form)	Copy of current medical license	Copy of board certification	Verification letters	Bio/CV
Fellow	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Certified by a specialty board acceptable to the Board of Directors.	■	■		✓	✓	✓		
Fellow/ Military/ Government employee	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. Employed by the U.S. armed forces or U.S. government agency. Certified by a specialty board acceptable to the Board of Directors.	■			✓	✓	✓	✓	
Member	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Has completed three years of training in otolaryngology—head and neck surgery acceptable to the Board of Directors and is not board-certified.	■	■		✓	✓			
Scientific Fellow	PhD or equivalent degree in associated field including but not limited to audiology, speech-language pathology, and neuroscience. Full or conjoint appointment on an otolaryngology—head and neck surgery faculty and participates in a residency training program. This is a non-voting membership category.	■	■		✓				✓
Resident	Degree of MD or DO, or equivalent medical degree. Engaged in a full-time otolaryngology—head and neck surgery or other training program in the U.S. or Canada. Residency status cannot exceed six years. This is a non-voting membership category.	■	■		✓	✓		✓	
Fellow In-Training	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada. Engaged in a fellowship or postgraduate training program. Certified by a specialty board accepted to the Board of Directors. In-Training status cannot exceed two years.	■	■	■	✓	✓	✓	✓	
Member In-Training	Degree of MD or DO with a valid and unrestricted license to practice medicine in the U.S. or Canada, but not board-certified. Engaged in a fellowship or postgraduate training program. In-Training status cannot exceed two years.	■	■	■	✓	✓		✓	
Affiliate	Not eligible for any other type of membership in the Academy, but supportive of otolaryngology—head and neck surgery. This is a non-voting membership category.	■	■	■	✓				✓
Associate	Degree of MD, DMD, or DDS and engaged in a field which is, in the view of the Board of Directors, allied to otolaryngology—head and neck surgery, and is not eligible for any other type of membership in the Academy. This is a non-voting membership category.	■	■		✓	✓			✓
International Fellow	Degree of MD or DO or equivalent practicing in a country other than the U.S. or Canada with a valid and unrestricted license in his or her respective country. Certified by a medical specialty board acceptable to the Board of Directors. This is a non-voting membership category.			■	✓	✓	✓		
International Member	Degree of MD or DO or equivalent and practicing in a country other than the U.S. or Canada with a valid and unrestricted license in his or her country. Completed three years of formal training in otolaryngology—head and neck surgery deemed acceptable to the Board of Directors. This is a non-voting membership category.			■	✓	✓			
International Scientific Fellow	Degree of PhD or equivalent in a field associated with otolaryngology—head and neck surgery including but not limited to audiology, speech-language pathology, and neuroscience. Full or conjoint appointment on an otolaryngology—head and neck surgery faculty outside of the U.S. or Canada. This is a non-voting membership category.			■	✓			✓	✓
International Resident	Degree of MD or DO, or equivalent and is engaged in a full-time otolaryngology—head and neck surgery training program acceptable to the Board of Directors and located outside the U.S. or Canada. Residency membership cannot exceed six years. This is a non-voting membership category.			■	✓	✓		✓	
International Associate	Degree of MD, DMD, or DDS and is engaged in a field which is, in the view of the Board of Directors, allied to otolaryngology—head and neck surgery, and is not eligible for any other type of membership. This is a non-voting membership category.			■	✓	✓			✓
Retired	Retired membership is open to those who are age 65 or greater and are retired from active practice by working twenty (20) hours or less per week. A member must send written notice to the AAO-HNS Board of Directors and supply a copy of their medical malpractice tail insurance coverage or other proof of retirement as provided to their local medical licensing board for this class of membership to be activated.	■	■	■				✓	

PERSONAL DATA

Please type or print clearly all information exactly as you wish it to appear in your Academy records.

Last name/surname/family name

First/given name

Middle initial

Gender: male female

Birth year:

Ethnicity

African American American Indian Asian

Caucasian Hispanic Other _____

BUSINESS MAILING ADDRESS

THIS IS MY PREFERRED: MAILING ADDRESS

BILLING ADDRESS

Institution/company name

Department

Street address (line 1)

Suite/room/apartment

Street address (line 2)

City

State/province

Country

ZIP/postal code

Phone (with area or country code)

Fax (with area or country code)

Email address

Web address

ALTERNATE CONTACT INFORMATION OFFICE ADDRESS HOME ADDRESS

THIS IS MY PREFERRED: MAILING ADDRESS

BILLING ADDRESS

Institution/company name

Department

Street address (line 1)

Suite/room/apartment

Street address (line 2)

City

State/province

Country

ZIP/postal code

Phone (with area or country code)

Fax (with area or country code)

Email address

Web address

Office administrator: Yes

No

Full name

Email address

MEDICAL TRAINING

Please complete all information about your medical training, licensing, and board certification. This allows us to tailor communications specifically to your interests.

Name of medical school (required)

City and state/province

Beginning year

Completion year

Degree(s) (e.g., MD, DO, MBBS, FRCS)

Residency training (required)

Name of school or program

City and state/province

Beginning year

Completion year

Fellowship training (if applicable)

Name of school or program

Type of fellowship (e.g., laser application, rhinology, clinical research)

City and state/province

Beginning year

Completion year

Postgraduate degrees other than formal medical degree (if applicable)

Name of school or program

Type of study

Degree(s)

Completion year(s)

LICENSING AND CERTIFICATION

Licensed to practice in: United States Canada International

List state(s)/countries:

CHOOSE FROM THE FOLLOWING:

Certification Board(s):

Year certified

- ABAI American Board of Allergy & Immunology _____
- ABEM American Board of Emergency Medicine _____
- ABFP American Board of Family Practice _____
- ABFPRS American Board of Facial Plastic & Reconstructive Surgery _____
- ABIM American Board of Internal Medicine _____
- ABOP American Board of Ophthalmology _____
- ABOto American Board of Otolaryngology _____
- ABNS American Board of Neurological Surgery _____
- ABPM American Board of Preventive Medicine _____
- ABPS American Board of Plastic Surgery _____
- ABR American Board of Radiology _____
- ABS American Board of Surgery _____
- AMPAT American Board of Pathology _____
- AMPED American Board of Pediatrics _____
- AOBOO American Osteopathic Board—Otolaryngology & Ophthalmology _____

International Boards

- RCSC Royal College of Physicians and Surgeons, Canada _____
- RCSEd Royal College of Surgeons, Edinburgh _____
- RCSAA Royal College of Surgeons, Australasian _____
- RCSUK Royal College of Surgeons, England _____
- RCSI Royal College of Surgeons, Ireland _____
- RCSG Royal College of Surgeons, Glasgow _____

NAME OF ANY OTHER CERTIFYING BOARD (ATTACH COPY OF CERTIFICATE):

Society Memberships

- AAA American Academy of Audiology
- AAFPRS American Academy of Facial Plastic and Reconstructive Surgery
- AAOA American Academy of Otolaryngic Allergy
- AAP American Academy of Pediatrics
- ABEA American Broncho-Esophagological Association
- AHNS American Head and Neck Society
- ALA American Laryngological Association
- TRIO American Laryngological, Rhinological, and Otolological Society, Inc.
- ANS American Neurotology Society
- AOA Association of Otolaryngology Administrators
- AOS American Otological Society
- ARO Association for Research in Otolaryngology
- ARS American Rhinologic Society
- ASHA American Speech-Language-Hearing Association
- ASPO American Society of Pediatric Otolaryngology
- AADO Association of Academic Departments of Otolaryngology
- COS Canadian Otolaryngology Society
- NASBS North American Skull Base Society
- OCOO Osteopathic College of Ophthalmologic Otolaryngology
- SOHN Society of Otorhinolaryngology and Head-Neck Nurses
- SUO Society of University Otolaryngologists—Head and Neck Surgeons

WOULD YOU CONSIDER YOUR SETTING (SELECT ONLY ONE):

- Academic Private practice Group practice Resident/In-Training

WHAT IS YOUR PRIMARY PRACTICE TYPE?

(SELECT ONLY ONE):

- Solo
- Group single specialty
- Group multi-specialty
- Research
- Clinical non-physician
- Local/State/Federal Government/Military
- Staff Model/HMO
- Hospital/Facility non-government
- Non-clinical organization
- Not in active practice

FROM THE LIST ABOVE, PLEASE SELECT:

Secondary practice type

Tertiary practice type

WHAT IS YOUR PRIMARY SUBSPECIALTY? (SELECT ALL THAT APPLY):

- ADM Administrative
- AU Audiology
- BE Broncho-Esophagology
- ENDO Endocrine Surgery
- FPS Facial Plastic & Reconstructive Surgery
- GEN General Otolaryngology
- HNS Head and Neck Surgery
- LRY Laryngology
- MXF Maxillofacial Surgery
- NRO Neurotology
- OAL Otolaryngologic Allergy
- OP Otolaryngic Pathology
- OTO Otolaryngology
- PDO Pediatric Otolaryngology
- RH Rhinology
- SBS Skull Base Surgery
- SM Sleep Medicine

AMA MEMBER: YES NO

AMA Medical Education Number: _____

ACS MEMBER: YES NO

Year Elected: _____

STATEMENT OF ENDORSEMENT

Applicants must obtain **two (2)** endorsement signatures from active AAO-HNS members or officers.

APPLICANT NAME

Please print your full name

By signing the endorsement for this applicant for membership in the American Academy of Otolaryngology—Head and Neck Surgery, I certify that I have personal knowledge of the applicant and I am familiar with the applicant's professional competence and conduct.

ENDORSER #1: FELLOW MEMBER SCIENTIFIC FELLOW
 LIFE MEMBER SOCIETY OFFICER

Print full name

AAO-HNS ID number

Signature

Date

ENDORSER #2: FELLOW MEMBER SCIENTIFIC FELLOW
 LIFE MEMBER SOCIETY OFFICER

Print full name

AAO-HNS ID number

Signature

Date

ENDORSEMENT FOR INTERNATIONAL CANDIDATES

If international applicants cannot obtain two (2) member endorsements, they must obtain an endorsement signature from an officer of their national society. Questions regarding this matter can be directed to international@entnet.org.

Print full name and title

Signature

TRAINING VERIFICATION

Applicants applying for Member In-Training, Fellow In-Training, or Resident status must complete this section.

If you are currently in a formal otolaryngology training/residency program, the program chair or director is required to complete this section, or you may attach a copy of your letter of acceptance, including beginning and end dates of training.

I, (Name of Program Chair/Director) _____ certify that I am the chair/director of the training/residency program shown below and that the applicant is currently enrolled in this formal, approved otolaryngology training/residency program.

This is a (please check one): Residency program Fellowship training program

Type of study (e.g., laser application, rhinology, clinical research)

Name of school or program

Beginning year

Expected completion year

AAO-HNS ID#

Signature of Program Chair/Director

Date



OUR MISSION

We help our members achieve excellence and provide the best ear, nose, and throat care through professional and public education, research, and health policy advocacy

OUR VISION

Empowering otolaryngologist—head and neck surgeons to deliver the best patient care

YOUR INVITATION

Make a difference in the specialty by joining nearly 12,000 other otolaryngologist—head and neck surgeons from around the globe today

MEMBERSHIP DUES:

Please check your dues amount. (Refer to member categories in the Membership Application Guidelines on pg. 2.)

Category	U.S.	Canada	International
Fellow	<input type="radio"/> \$840	<input type="radio"/> \$550	<input type="radio"/> \$550
Fellow Military/Government employee	<input type="radio"/> \$740	<input type="radio"/> N/A	<input type="radio"/> N/A
Member	<input type="radio"/> \$840	<input type="radio"/> \$550	<input type="radio"/> \$550
Scientific Fellow	<input type="radio"/> \$550	<input type="radio"/> \$550	<input type="radio"/> \$550
Resident	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
Fellow In-Training	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
Member In-Training	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100
Affiliate	<input type="radio"/> \$230	<input type="radio"/> \$230	<input type="radio"/> \$230
Associate	<input type="radio"/> \$840	<input type="radio"/> \$550	<input type="radio"/> \$550
Retired	<input type="radio"/> \$100	<input type="radio"/> \$100	<input type="radio"/> \$100

(Current membership fees as of 10/2011)

Your "gift beyond dues" enhances programs such as research, education, and humanitarian aid. Please consider a tax-deductible gift of:

- \$300
 \$500
 \$1,000
 \$2,500
 \$5,000
 \$10,000
 Other: _____

Dues subtotal:

Gift subtotal:

Please designate where to allocate your gift:

- Where needed most
 Research
 Education
 Humanitarian Aid
 History and Archives

Total amount paid:

Make check, money order, cashier's check, or draft payable on a U.S. bank, in U.S. dollars, to the American Academy of Otolaryngology—Head and Neck Surgery. Payment must be enclosed with your application.

To wire transfer funds to the AAO-HNS, send to: Bank of America, 730 15th St NW, 2nd Floor, Washington, DC 20005-1012; Bank of America, ABA # 026009593, Swift # BOFAUS3N (**please include your full name on transfer and bank charges**).

We cannot process your application until funds are received. Please check your method of payment:

- Check
 Money order
 Cashier's check
 VISA
 MasterCard
 AMEX
 Wire transfer

Credit card number

Signature

Expiration date (MM/YY)

Name on credit card

Credit cardholder's billing address

City

State

ZIP

Country

THANK YOU FOR YOUR SUPPORT OF THE AAO-HNS

COSM11