

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

**This Active Fellow Application
Must Be Completed Online**

Triological Society Proposal for Active Fellowship

NAME:

First

Middle

Last

MD or MD PhD

Other degrees

FACS Y/N

OFFICE ADDRESS:

Institution name

Department

Street address

City

State

Zip

Country

CERTIFICATION INFO:

Yr of cert by ABOto

Yr & name cert by other
specialty Board

BIRTH INFO:

Date of birth

Place of birth

CONTACT INFO:

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

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 & publications to home or office?	<input type="text"/>
Hobbies/Interests	<input type="text"/>

PROPOSERS:

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

PAPERS/PUBLICATIONS:

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

TRAINING:

College 1 [name >> years attended >> degree]

College 2 [name >> years attended >> degree]

PostGrad 1 [advanced degree (excluding medical school)]

PostGrad 2 [advanced degree (excluding medical school)]

Medical School [name >> years attended >> degree]

Internship 1 [where >> years >> type]

Internship 2 [where >> years >> type]

Residency 1 [where >> years >> type]

Residency 2 [where >> years >> type]

Fellowship 1 [where >> years >> type]

Fellowship 2 [where >> years >> type]

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

Sections 2017

Annual at COSM 2017

Sections 2016

Annual at COSM 2016

Sections 2015

Annual at COSM 2015

Sections 2014

Annual at COSM 2014

Sections 2013

Annual at COSM 2013

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

2013 - 2017

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 give full name of society)

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

Civic, public or military positions

PRACTICE: In which area do you spend the majority of your practice? Only one choice per column, please.

	Primary Focus	Focus #2 (IF APPLICABLE)	Focus #3 (IF APPLICABLE)	Focus #4 (IF APPLICABLE)
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergy/Immunology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bronchoesophagology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial Plastic & Reconstructive Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Full-Time Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Head & Neck Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurotology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part-Time Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric Otolaryngology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhinology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

INITIAL EACH BOX: In order for your application to be complete, you must email, mail, OR fax the following by OCTOBER 1ST (email--beth@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 see below instructions; 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 business 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 of \$50 can be made at www.triological.org/membership.html (click on the Credit Card Dues Payments icon-- use member ID #1111)