



TRIOLOGICAL SOCIETY

PROPOSAL FOR ACTIVE FELLOWSHIP

Deadline for Receipt of Materials Is October 1st

This application must be completed online

Please check below the Triological Society meetings for which you have registered and attended. Within the previous five years, you must have attended a minimum of three meetings of national societies of the specialty, one of which must be a Triological Society meeting.

Sections 2018

Annual at COSM 2018

Sections 2017

Annual at COSM 2017

Sections 2016

Annual at COSM 2016

Sections 2015

Annual at COSM 2015

Sections 2014

Annual at COSM 2014

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

Office phone

Office fax

Home phone

OTHER INFO:

Home street address

Home city

Home state

Home zip

Home country

Spouse name

Send Society
correspondence &
publications to home or
office?

Hobbies/Interests

PROPOSERS:

Proposed by

Seconded by

PAPERS/PUBLICATIONS:

Number of papers **you have**
presented at Triological Society
meetings within the last five years

Number of papers **you have**
presented at other national
meetings within the past five years

Total number of scientific
publications, **as first author**, in peer
reviewed journals

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]

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

2014 - 2018

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"/>
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"/>
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"/>
Part-Time Research	<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"/>

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

In order for your application to be considered complete, you must email or mail the following by OCTOBER 1ST (beth@triological.org --- Triological Society, 13930 Gold Circle Suite 103, Omaha, NE 68144

- \$50 fee [credit card payments can be made at www.triological.org (click on the Membership tab and then click on the Credit Card Dues Payments icon-- use member ID #1111) **OR** checks payable to the Triological Society]
- Current Curriculum Vitae
- Copy of specialty Board Certificate
- Letters from Proposer and Seconder
- A recent photograph (electronic preferred -- color or black & white -- no website photos). This photograph will be widely disseminated in the Candidate Credentials booklet, so resolution is important.

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.