



AMERICAN HEAD AND NECK SOCIETY APPLICATION FOR FELLOWSHIP

Please send completed application, supporting documents, and \$25 application fee to:

**American Head and Neck Society
Membership Department
11300 West Olympic Boulevard, Suite 600
Los Angeles, CA 90064 USA
www.ahns.info**

Name _____ Date _____

Office address _____

Home address _____

Office telephone _____ Home telephone _____

Fax number (office) _____ E-mail _____

Place of birth _____ Date of birth _____

Citizenship _____ Type of practice _____

Proposed Class of Fellowship (Please check one):

Active

Board Certified Physician &
Fellow of ACS or equivalent
Dues: \$300 annually

Associate

Physician, dentist
or scientist
Dues: \$100 annually

Candidate

Trainee in residency or fellowship
or recent graduate not yet FACS
Dues: \$25 annually

Corresponding

Physician from country
outside US or Canada
Dues: \$100 annually

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➤ *Name of College or University, degrees, date of graduation*

Pre-Medical _____
Education _____

➤ *Name of Medical School, date of graduation*

Medical School _____

➤ *Name and location of hospital, type of service, dates*

Internship _____

➤ *Name of state, province or country, date license issued*

Licensure _____

➤ *Name and location of institution, type of service*

Residency _____

➤ Fellowships (Check below or give other name) _____

- | | |
|---|--|
| <input type="checkbox"/> Univ of Michigan – Ann Arbor MI | <input type="checkbox"/> Univ of California – Davis CA |
| <input type="checkbox"/> Wayne State Univ – Detroit MI | <input type="checkbox"/> Stanford Univ Med Ctr – Stanford CA |
| <input type="checkbox"/> Arthur G. James Cancer Hsp & Richard J. Solove Research Inst – Columbus OH | <input type="checkbox"/> Univ of Washington – Seattle WA |
| <input type="checkbox"/> Univ of Cincinnati Med Ctr – Cincinnati OH | <input type="checkbox"/> Univ of Oklahoma HSC – Oklahoma City OK |
| <input type="checkbox"/> Univ of Iowa Hsps & Clinics Div of H&N Oncology – Iowa City IA | <input type="checkbox"/> UTMD Anderson Cancer Ctr – Houston TX |
| <input type="checkbox"/> Memorial Sloan-Kettering Cancer Ctr – New York NY | <input type="checkbox"/> Univ of Miami Hsp & Clinic – Tampa FL |
| <input type="checkbox"/> Roswell Park Cancer Inst – Buffalo NY | <input type="checkbox"/> Univ of South Florida – Miami FL |
| <input type="checkbox"/> Johns Hopkins Univ – Baltimore MD | <input type="checkbox"/> Univ of Alberta – Edmonton AB Canada |
| <input type="checkbox"/> Univ of Penn Hlth System OTO – Philadelphia PA | <input type="checkbox"/> Univ of Toronto – Toronto ON Canada |
| <input type="checkbox"/> Univ of Pittsburgh Med Ctr Eye & Ear Inst – Pittsburgh PA | |

Post Residency Experience _____

➤ *Name of specialty board and date*

Certification by _____
Board _____

(Surgeons Only) *Date of Induction*
FACS, FRCS (Canada) _____
or equivalent

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- *Name and location of hospital, medical staff position and dates*

Past and _____
 Present _____
 Hospital _____
 Appointments _____

- *Name and location of institution, staff position and dates*

Academic _____
 Appointments _____

- *Name of medical or surgical societies (attach additional sheets if needed)*

Medical _____
 Society _____
 Memberships _____

- *Name and address of sponsors (The two names should be ACTIVE members who have agreed to propose you for membership. For active fellowship, one must be from your community. For corresponding applicants, sponsors may be Active or Corresponding members)*

Sponsors _____

- *Name of medical school or sponsoring body, specialty or subjects, dates (attach additional sheet if needed)*

Postgraduate _____
 Courses _____

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Contributions to _____
Medical Literature _____
(attach additional _____
sheet if needed) _____

**Attach a 2X2
photograph
in this space**

Required for Active Membership Applicants ONLY
Case Listing is Attached Yes No

Note: Please indicate total number of patients with head and neck cancer cared for in the reported year.

Signature _____

Date _____