

# ***American Society of Geriatric Otolaryngology***

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## **Fellowship Application**

*The mission of the American Society of Geriatric Otolaryngology is to promote the generation and dissemination of knowledge to benefit the geriatric patient with disorders of the ears, nose, throat, and neck.*

Thank you for your interest in joining ASGO! Please read the Membership Requirements and American Society of Geriatric Otolaryngology Bylaws before completing your application. Additional information may be obtained from the ASGO website at <http://www.geriatricotology.org> or contacting the Secretary of ASGO at [info@geriatricotology.org](mailto:info@geriatricotology.org).

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Membership Categories and Fees: (Please check one)

*Note: Annual dues includes membership registration fees for the annual meeting*

**Fellowship: \$100 per year**

**Associate Fellowship: \$100 per year**

**International Fellowship: Free**

**Resident Membership: Free**

Eligibility Requirements:

**Fellowship:** Fellows must hold the MD or DO degree and be certified by a Board recognized by the American Board of Medical Specialties or fellows of the Royal College of Physicians and Surgeons of Canada, and must have specialty interest in Geriatric Otolaryngology or Geriatric Medicine.

**Associate Fellowship:** Associate Fellows are allied health professional whose major professional activities are devoted to teaching, research, or care of geriatric patients. Associate Fellows must be certified by national bodies or organizations responsible for certification in their field of specialization.

**International Fellowship:** International Fellows include physicians or surgeons who practice outside of the United States or Canada whose specialty interest lies in Geriatric Otolaryngology or Geriatric Medicine, but who are not diplomats of a board recognized by the American Board Medical Specialties. No membership dues are required.

**Resident Membership:** Resident physicians holding the MD or DO degree are encouraged to join ASGO. No membership dues are required. A letter from the program director of the applicant indicating active resident status is required in addition to completing the application below.

## **Instructions:**

**Electronic submission:** Please complete the following information and save the file entitled ASGO<yourlastname>.pdf. Email the file and your CV to [secretary@geriatricotology.org](mailto:secretary@geriatricotology.org). Then pay membership dues via PayPal from our website at [www.geriatricotology.org](http://www.geriatricotology.org).

**Paper submission:** Please complete the following information and print the file. Mail the application, your CV, and a check payable to American Society of Geriatric Otolaryngology if applicable; Return by mail to David Ebling, M.D., ASGO Secretary, The Eye and Ear Institute Bldg. 200 Lothrop St. Ste 500, Pittsburgh, PA15213

Last name:	Mailing address 1:
First name:	Mailing address 2:
Title:	City:
Hospital affiliation:	State:
Email address:	Country:
Date of Birth:	Postal Code:
Gender:    Male        Female	

### **For All Applicants:**

Include a copy of your curriculum vitae

#### *Status of Licensure:*

Have you ever had any license or any right associated with the practice of medicine restricted, rescinded, or placed on probation through governmental action or voluntary surrender?

Yes        No

### **For Fellowship Applicants:**

#### *Licensure:*

Name of primary State, Province, or Country License:

Full        Restricted

License Number:

Original Issuance Date:

#### *Certification by American Specialty Boards:*

Name of Specialty Board:

Date of Certification:

#### *Canadian College Certification:*

Surgical Specialty:

Date:

Fellowship:    Yes        No

### **For Associate and International Fellowship Applicants:**

Specialty:

Name of Professional Certification Organization:

Date of Certification:

### **For Resident Member Applicants:**

Include a letter from your residency program director indicating your active status in the program