



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
www.ahns.info**

Name _____ Date _____

Office address _____

Home address _____

Office telephone _____

Home telephone _____

Fax number (office) _____

E-mail address _____

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: \$75 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: \$75 annually

AMERICAN HEAD AND NECK SOCIETY APPLICATION

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) _____

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

Post Residency Experience _____

Name of specialty board and date

Certification by _____
Board _____

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

AMERICAN HEAD AND NECK SOCIETY APPLICATION

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 _____

AMERICAN HEAD AND NECK SOCIETY APPLICATION

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



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 _____