

AAOA Fellow Exam Application

DEADLINE: APRIL 1

Full Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ E-mail Address _____

Year joined AAOA _____ Year certified by the American Board of Otolaryngology _____

Please list the AAOA Courses/Meetings for which you have documented CME credits.

You must have 1 complete Basic Course, 1 complete Advanced Course and Additional CME Programs (2 AAOA-sponsored required) within the 5 years prior to the exam date

BASIC & ADVANCED COURSE	YEAR/LOCATION
Full Basic Course	
Full Advanced Course	

ADDITIONAL 2 AAOA-SPONSORED PROGRAMS	YEAR/LOCATION	#OF CME CREDITS

TOTAL NUMBER OF CME CREDITS _____

Copies of CME transcript for each course or meeting must be attached to this form.

TEN PATIENTS WHOM I HAVE TREATED WITH IMMUNOTHERAPY

#	Patient Initials	Immunotherapy Start Date	Immunotherapy End Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

The list above represents ten patients I have treated with immunotherapy for six months or longer under my direct care.

Please return this form to the AAOA with:

- Copies of CME transcripts for courses and meetings attended
- A copy of your ABOto certificate
- A check for \$950 (\$1,350 if postmarked after April 1)

All paperwork must be mailed to:

**AAOA, Inc.
Attn: Fellow Exam
11130 Sunrise Valley Road
Suite #100
Reston, Virginia 20191**

Deadline for submission is **APRIL 1**. Incomplete applications and those post-marked after April 15 will not be accepted. The application fee is non-refundable and non-transferable.

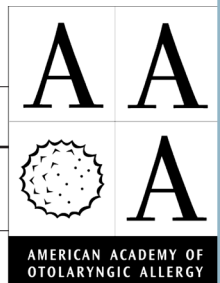
I hereby certify that the information presented on this application is true, correct and complete. I understand that if any information I have submitted on or within this application is untrue, incorrect or incomplete, I may be subject to discipline by the AAOA, which may include being expelled from the organization.

Candidate's Signature _____

I have reviewed the ten cases above and agree that the candidate has treated with immunotherapy the ten patients as described above.

Signature _____

Relationship to the Candidate _____



**AMERICAN ACADEMY OF
OTOLARYNGIC ALLERGY**