



**THE AMERICAN LARYNGOLOGICAL, RHINOLOGICAL  
AND OTOLOGICAL SOCIETY, INC.  
aka THE TRIOLOGICAL SOCIETY**

**POST GRADUATE MEMBERSHIP GUIDELINES**

1. The applicant must be an otolaryngologist-head and neck surgeon who has satisfactorily completed a residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC), but who does not yet meet the requirements for candidacy as an Active Fellow.
2. The applicant must be recommended by two Active Fellows of the Society (proposers). It is preferable that at least one proposer reside in the vicinity in which the applicant practices/resides. The proposers should know the candidate personally and be fully aware of his/her credentials.
3. Post-Graduate membership shall be for a maximum of four years beyond primary residency training.
4. Membership in this category is not required to become a candidate for Active Fellowship but is highly recommended.

**APPLICATION/PROPOSAL PROCESS FOR NEW MEMBERS**

1. A qualified candidate may become a Post Graduate member by application, which may be submitted at any time during the year.
2. The completed application form must be emailed to [beth@triological.org](mailto:beth@triological.org). The applicant must also email to [beth@triological.org](mailto:beth@triological.org) the following: (1) a current curriculum vitae; (2) letters from two Active Fellows of the Society; (3) a current photograph (digital format/not web based); (4) payment for dues in the amount of \$85 (details will be provided upon confirmation of application).
3. After receipt of all required materials, the applicant will be confirmed as a Post-Graduate Member of the Triological Society. A subscription to The Laryngoscope will be sent to the member upon receipt of dues. The Council reserves the final decision on the qualifications of any applicant.

**Triological Society**  
**1000 Jorie Blvd Ste 385 • Oak Brook, IL 60523**  
**Phone: 630-332-9870**  
**[beth@triological.org](mailto:beth@triological.org)**

**BENEFITS OF MEMBERSHIP**  
**Complimentary subscription to The Laryngoscope (print & online)**  
**Registration at Member rate at Section and Annual (COSM) Meetings**  
**Society mailings**

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## PROPOSAL FOR POST-GRADUATE MEMBERSHIP

**THIS IS AN EDITABLE PDF**

1. Name in Full \_\_\_\_\_
2. Date and Place of Birth \_\_\_\_\_
3. Office Address \_\_\_\_\_  
\_\_\_\_\_
4. Home Address \_\_\_\_\_  
\_\_\_\_\_
5. Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Preferred Email \_\_\_\_\_
6. Proposed by \_\_\_\_\_
7. Date of Completion of: Residency Training \_\_\_\_\_ Fellowship Training \_\_\_\_\_  
(month/year) (month/year)
8. Training (include Colleges, Internships, Residencies, Post-Graduate Training, Special Training in Otolaryngology in Chronological Order, Including Dates) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Date of Exclusive Practice of Otolaryngology or Fellowship Training \_\_\_\_\_
10. Present Appointments-Hospital and Training \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. List Those Meetings of the Triological Society (Section or Annual) for Which You Registered and Attended in the Last Five Years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. List the Meetings Other than Triological Society for Which You Registered and Attended in the Last Five Years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Scientific and Professional Societies (Include Offices Held) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Scientific Publications in a Peer Reviewed Journal; When and Where Published (Furnish Reprints if Possible)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Papers Presented within the Last Five Years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Spouse's Name \_\_\_\_\_
17. Children's' Names and Ages \_\_\_\_\_  
\_\_\_\_\_
18. Civic, Public or Military Positions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to adhere to the current standards of ethical conduct as defined by the American Medical Association and endorsed by the Triological Society.

\_\_\_\_\_  
Signature of Proposed Candidate

\_\_\_\_\_  
Date

**Upon completion of this online application, please email to [beth@triological.org](mailto:beth@triological.org):**

- 1. Current curriculum vitae**
- 2. Letters from 2 proposers**
- 3. Recent photograph**
- 4. \$85.00 dues payment (details will be provided upon confirmation of application)**

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