



The New England Otolaryngological Society

The Continuing Medical Education Mission of NEOS is to enhance patient care by improving physician competence and performance through comprehensive education programs for the purpose of maintaining physician currency in clinical and research areas of otolaryngology.

Attached is a blank application for membership in the New England Otolaryngological Society. Requirements for membership are:

Active Membership:

1. Board Certification by the American Board of Otolaryngology-HNS
2. Signature of support from an Active, Senior, Emeritus or Honorary Member
3. Signature of the Chief of Otolaryngology, Chief of Surgery or Chief of Staff at your principal hospital or similar supervisor
(only one signature required if Chief is member of NEOS)

Candidate Membership:

1. Completion of Residency and eligible for Board Certification
2. Signature from their Chief indicating that they are Board eligible

Please submit all questions and application materials to:

Lina Szymkowski
NEOS CME Coordinator
New England Otolaryngological Society
PO Box 549127
Waltham, MA 02054-1927
(781) 434-7313 Phone
(781) 464-4896 Fax
lszymkowski@mms.org



The New England Otolaryngological Society

APPLICATION FOR MEMBERSHIP

(Please type application)

Name:

Institution/Practice:

Address:

Telephone:

Fax:

e-mail:

License Number:

Education (premedical & medical training/residency training):

Present Teaching Position/Hospital Affiliations:

Publications:

Membership in Medical Societies:

Does your practice consist entirely of Otolaryngology-Head and Neck Surgery?

I'm applying for:

Active Membership:

Date of Certification by the American Board of Otolaryngology-Head and Neck Surgery:
(Please include a copy of the Certificate or Letter):

Candidate Membership:

Signature of Chief verifying board eligibility:

Printed Name

Signature

Date of completion of residency: _____

Membership Recommendation (only one signature required if Chief is a NEOS Member)

1. Signature of NEOS Active, Senior, Emeritus or Honorary Member:

Printed Name

Signature

2. Signature of Chief of ORL, Chief of Surgery or similar position:

Printed Name

Signature

Please return application along with a copy of your CV

to: Lina Szymkowski

NEOS CME Coordinator

New England Otolaryngological Society

PO Box 549127, Waltham, MA 02054-9127