



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:

Full 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:

Lynda Layer, CAE
NEOS CME Coordinator
New England Otolaryngological Society
PO Box 549127
Waltham, MA 02054-1927
(781) 434-7317 Phone
(781) 464-4896 Fax
llayer@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?

For Active Membership:

Date of Certification by the American Board of Otolaryngology-Head and Neck Surgery:

(Please include a copy of the Certificate):

or for Candidate Membership:

Signature of Chief verifying board eligibility (Candidate Membership):

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:

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

Please return application along with a copy of your CV to:

Lynda Layer, CAE

NEOS CME Coordinator

New England Otolaryngological Society

PO Box 549127, Waltham, MA 02054-9127