

Thank you for your interest in the  
**American Society of Pediatric Otolaryngology.**

In order to assist you with the application process,  
you will find all of the information,  
forms and criteria for membership listed below.

Please read the application criteria carefully.

You are responsible for the following:

1. Choosing the appropriate category of membership.
2. Fulfilling the membership criteria for the category you selected.
3. Providing a surgical case load summary for all your operations of the past two (2) years. This must include all cases, including the ages of your patients and the percentage of pediatric cases (see 80% criteria).
4. Providing a reference letter from the Director of your Otolaryngology Residency Training Program.
5. Providing a reference letter from your Chief of Staff – Present Primary Hospital Affiliation, and from the Director of your pediatric Otolaryngology fellowship training program.
6. Providing two (2) letters of sponsorship from members of ASPO. Please download from this web site the “**ASPO INFORMATION TO SPONSORS OF APPLICANTS**” and give this to your sponsor so that the sponsor will know what their responsibility is in supporting your application.
7. Collecting the five (5) letters you will need (residency director, fellowship director, chief of staff, and two (2) sponsors) and submit them with your application.  
**DO NOT HAVE THEM SENT SEPARATELY!**
8. Downloading the application from this web site and completing it in full. Please type.
9. Submitting an application fee of \$100. Make checks payable to ASPO.
10. Forwarding the application, the operative summary, the five (5) letters and the check by November 1.

This will make you eligible for consideration for ASPO membership during the Annual Meeting the following calendar year.

Please understand that the ASPO By-laws state that a vote on your application can occur only once yearly at the Annual Spring Meeting. The time and location of this meeting will change from year to year. Therefore, your membership application must be complete by November 1<sup>st</sup> of this year in order to have your application voted upon by the membership. It is your responsibility to have the

completed materials in on time. Should you have any questions, please call or write the Chairman of the Membership Committee.

**Scott R. Schoem, M.D.**  
**sschoem@ccmckids.org**  
**Chairman, Membership Committee**  
**Department of Otolaryngology**  
**Connecticut Children's Medical Center**  
**282 Washington Street**  
**Hartford, CT 6106**  
**860-545-9522**

## **MEMBERSHIP CRITERIA**

### **THE AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY, INC.**

To be eligible for membership consideration by the American Society of Pediatric Otolaryngology, a candidate must:

1. Have attended at least one ASPO meeting in the 2 years prior to application.
2. Be Board certified by the American Board of Otolaryngology or have attained a similar distinction in an equivalent foreign organization.
3. Be a member of the American Academy of Otolaryngology – Head and Neck Surgery, Inc., or a member of an equivalent foreign society.
4. Be recognized by career identity as a pediatric otolaryngologist. A substantial majority of the applicant's medical and surgical practice (80%) must involve pediatric patients with a **BROAD DIVERSITY OF PATHOLOGY**. The individual's practice setting must be appropriate for specialized pediatric care.
5. Shall (I) have successfully completed a fellowship program in pediatric otolaryngology, OR (ii) have historically exhibited a special expertise in the field of pediatric otolaryngology, as determined by:
  - a. The number of years in practice in pediatric otolaryngology,
  - b. Contributions to the literature in pediatric otolaryngology,
  - c. Academic appointments, e.g., a children's hospital faculty appointment in pediatric otolaryngology,
  - d. Recognized past or present teaching contributions in the field of pediatric otolaryngology.
6. Demonstrated professional activities in the field of pediatric otolaryngology for a minimum of four (4) years following completion of residency training and prior to submitting the application (this interval includes any fellowship time).
7. Be an author of a minimum of three (3) peer reviewed publications in the field of pediatric otolaryngology published in major journals or editor-reviewed textbooks.
8. Be able to furnish letters of recommendation from two (2) active ASPO members.

In applying the membership criteria, consideration will be given to the common charitable and education goals of the applicant and the organization. Acceptance as a member of ASPO is not automatic with submission of an application; a decision will be made by vote of the members at our Annual Meeting.

## **MEMBERSHIP**

### **Member**

A diplomate of the American Board of Otolaryngology or a fellow of the Royal College of Surgeons or the equivalent as determined by the Board of Directors, and whose major professional activities are devoted to teaching, research, or patient care in the field of Pediatric Otolaryngology as defined by the purpose of the Society. For purposes of this Section “major professional activities” shall mean a medical and surgical practice predominantly involving management of a wide range of otolaryngologic disorders in neonates, infants, and children less than 18 years of age. The Membership and Credentials Committee shall provide and disseminate to applicants the specific criteria that are being used at any given time to evaluate suitability of applicants for Society membership. A member shall pay dues as specified by the Board of Directors and shall have the right to vote and hold office.

### **Associate Member**

Currently no applications for this category are being accepted pending re-writing of the by-laws.

An otolaryngologist who has made a major contribution to the field of Pediatric Otolaryngology, but who does not otherwise fulfill the requirement for Member as defined above. An Associate Member shall not pay dues nor have the right to vote and shall be ineligible to hold office.

### **Member Emeritus**

A Charter Member or Member shall have the option of becoming a Member Emeritus upon reaching the age of 65, or retiring from active practice in Pediatric Otolaryngology. A Member Emeritus shall not pay dues nor have the right to vote and shall be ineligible to hold office.

### **International Member**

An otolaryngologist whose major professional activities consistently are devoted to instruction, research, or patient care in the Pediatric Otolaryngology, outside the United States and Canada, but who otherwise fulfills the requirements for admission to the Association as a Member defined above. An International Member shall not pay dues, not have the right to vote, and shall be ineligible to hold office.

### **Honorary Member**

An individual of outstanding caliber, not eligible for another category of membership, who is elected to Honorary Membership by the Board of Directors as provided in the By-laws. An Honorary Member shall not pay dues nor have the right to vote and shall be ineligible to hold office.

### **Loss of Membership**

A member may be dropped from the membership for:

- a. Failure to attend 3 consecutive meetings without written excuse submitted to the Secretary-Treasurer and considered justifiable by the Board of Directors.
- b. Failure to adhere to the obligations and objectives of the Society set forth in the Articles of Incorporation and in the By-laws.
- c. Failure to remit dues for more than two (2) fiscal years.
- d. Failure to maintain good standing in the medical profession.





**10. ACADEMIC APPOINTMENTS:**

RANK

LOCATION

DATES

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**11. HOSPITAL STAFF APPOINTMENTS:**

RANK

LOCATION

DATES

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**12. HONORS AND AWARDS:**

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**13. Certification by American Board of Otolaryngology: YES \_\_\_\_\_ NO \_\_\_\_\_**  
**Year \_\_\_\_\_; Other equivalent International Certification: YES \_\_\_\_\_ NO \_\_\_\_\_**  
**Year \_\_\_\_\_; Specify other equivalent: \_\_\_\_\_**

**14. Member of American Academy of Otolaryngology – Head and Neck Surgery?**  
**YES \_\_\_\_\_ NO \_\_\_\_\_; Status or Type of Membership: \_\_\_\_\_**  
**Member of International equivalent? YES \_\_\_\_\_ NO \_\_\_\_\_;**  
**Status or Type of Membership: \_\_\_\_\_**  
**Name of equivalent organization: \_\_\_\_\_**

**15. Membership in other Professional Society and Organizations: (Please indicate office held, if any):**

**SOCIETIES**

**OFFICES HELD**

**DATES**

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**16. REFERENCE LETTERS:**

**Chairman, Otolaryngology Residency Training Program**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Chief of Pediatric Otolaryngology Fellowship Program (if applicable)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Chief of Staff – Present Primary Hospital Affiliation**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**ASPO Sponsors:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**17. Please enclose bibliography of publications**

**18. Please enclose a list of all surgical procedures during the last two (2) years of practice. Indicate procedures for which you were primary surgeon and ages of each patient.**

**I certify that all information in this application is correct.**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**You are responsible for collection of all information and letters above.**

**Please mail this as a single packet to the address below:**

**Scott R. Schoem, M.D.  
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