

## **Otolaryngology–Head and Neck Surgery Reviewer Application Form**

Email this information, along with your CV, to the Editorial Office at [otomanager@entnet.org](mailto:otomanager@entnet.org). Please **do not** fill out this application if you are currently training in residency.

### **Select Personal Classifications**

Please identify your areas of interest and specialization by selecting up to 5 classifications from the list below. Listing your classifications will help to ensure that you are invited to review papers of interest that match your expertise.

100	Sinonasal disorders	720	Health Policy
110	Allergy	750	Geriatrics
120	Rhinosinusitis	770	Quality of Life
200	Laryngology/Neurotology	780	Patient Safety and Quality
210	Sleep Apnea/Snoring	810	Computer-aided Surgery/Technology/Artificial Intelligence
220	Swallowing	820	Endoscopic Surgery
230	Voice	830	Head and Neck Surgery
300	Otology/Neurotology	840	Skull Base Surgery
310	Balance Disorders/Vertigo/ Vestibular Disorders	850	Endocrine Surgery
320	Cochlear Implants	860	Simulation
340	Tinnitus	900	General Otolaryngology
400	Head and Neck Cancer	910	Basic Science/Tissue Engineering
420	Radiology	1000	Audiology/Audiovestibular Testing
500	Pediatric Otolaryngology	1010	Cleft and Craniofacial Surgeries
600	Facial Plastics/Blepharoplasty/Face Lift	1020	Hearing Loss
620	Facial Nerve	1030	Molecular Diagnosis
630	Free Flaps/Microvascular Reconstruction	1040	Olfaction
650	Mohs	1050	Physician/Resident Wellness
660	Rhinoplasty	1060	Reflux
700	Epidemiology/Outcomes Research	1070	Robotic Surgery
710	Business of Medicine/Healthcare Economics	1080	Health Equity (Diversity, Equity, Inclusion)

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Title	First Name	Middle Name/Initial	Last Name	Degrees
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Position, Institution, and Address

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Academy ID# (if applicable)

Email