



NORTH AMERICAN NEURO-OPHTHALMOLOGY SOCIETY

FELLOW STATUS APPLICATION FORM

To apply for Fellow status in NANOS you must meet the following Bylaw criteria for this class of membership:

- North American Fellow:** You have been certified in Neurology by the American Board of Psychiatry and Neurology, or in Neurosurgery by the American Board of Neurosurgery, or in Ophthalmology by the American Board of Ophthalmology, or in Neurology by the American Osteopathic Board of Neurology and Psychiatry, or in Ophthalmology by the American Osteopathic Colleges of Ophthalmology and Otolaryngology, Head and Neck Surgery, or in Neurology, Neurosurgery or Ophthalmology by the Royal College of Physicians and Surgeons of Canada, or the Professional Corporation of Physicians of Quebec.
International Fellow: You have completed a year of Neuro-Ophthalmology Fellowship or have practiced clinical Neuro-Ophthalmology or have performed research in Neuro-Ophthalmology for three years.
- Your chief interest is directed toward practice, teaching or research in Neuro-Ophthalmology
- You have been an Active Members of NANOS or Frank Walsh (FW) for no less than three years
- You have attended no less than five annual NANOS or FW meetings in five separate calendar years (this year's meeting does not count!)
- You have demonstrated special achievement in clinical Neuro-Ophthalmology (E.g. teaches NO to students, residents, fellows, NO presentations at national/international meetings, NO publications, etc.)
- You have completed a year of Neuro-Ophthalmology Fellowship or have practiced clinical Neuro-Ophthalmology or have performed research in Neuro-Ophthalmology for three years. An exception may be the election of certain other members of unusual accomplishment, at the discretion of the Executive Board of NANOS upon recommendation by the Membership Committee.

PLEASE PRINT OR TYPE

I am applying for: Fellow Status International Fellow Status

- I am Board Certified in (specialty): _____
Date of Board Certification: _____
I have fellowship training in (specialty): _____
The fellowship program was (where): _____
Dates of the fellowship training: _____
The program director: _____
- Is your chief interest in Neuro-Ophthalmology directed toward clinical practice, teaching or research? Please give a brief description. _____

- I have been an active/international active member of NANOS since (date): _____
- I have attended the following NANOS meetings (years): _____
- I have demonstrated special achievement in clinical Neuro-Ophthalmology. Give a brief description. _____

- I have completed a Neuro-Ophthalmology fellowship: YES NO
I have practiced clinical Neuro-Ophthalmology for (number) _____ years.
- My Academic Chair Name and Contact Information (mailing and email address): _____

Please send ONE PDF of your completed application, CV, and two letters of recommendation from NANOS Fellows via email to the NANOS EXECUTIVE OFFICE at info@nanosweb.org.

Name: _____

Address: _____

Office Phone: _____ Office Fax: _____ Email: _____