

## **AMERICAN SOCIETY OF PEDIATRIC OTOLARYNGOLOGY**

### **RECOMMENDATIONS TO SPONSORS OF AN APPLICANT**

Dear Doctor:

Thank you for agreeing to sponsor: \_\_\_\_\_ as an applicant to the American Society of Pediatric Otolaryngology. Please use the following information as a guide to this process

1. The letter of support should be addressed to the Chairperson of the Membership Committee  
  
Andrew M. Shapiro, MD, FAAP  
34 Northeast Drive  
Hershey PA 17033
2. The letter should include the following information:
  - a. time you have known the applicant
  - b. capacity in which you have interacted with the applicant
  - c. description of applicant's medical and surgical capabilities
  - d. the nature of the applicants practice setting and their training, experience, and specific interest in pediatric otolaryngology
  - e. confirmation that you have reviewed the applicant's operative case summary and can attest to the authenticity of the list
  - f. concerns regarding licensure or medical care issues
  - g. your personal signature (i.e. not a surrogate)
3. Please make every effort to attend the ASPO business meeting to discuss the applicant that you are sponsoring in the event that any questions may arise which would benefit from your insight. Your absence could result in delay of the a vote regarding membership of this applicant until the following year.
4. Letters are due by February 1, prior to the Spring Meeting; please make every effort to respond to a request for sponsorship as quickly as possible.
5. Feel free to contact the Membership Chair with any questions.