SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR CANDIDATE MEMBERSHIP

SAGES Membership Services
11300 W Olympic Blvd #600
Los Angeles CA 90064
Phone: 310-437-0544
Fax: 310-437-0585
Email : membership@sages.org
Web Site : www.sages.org

CANDIDATE MEMBERSHIP REQUIREMENTS:

- Graduation from a medical school acceptable to SAGES.
- Current status as a resident or fellow enrolled in an accredited program of surgical education or research, or a surgeon who has completed an accredited surgical education program and is awaiting Board certification.
- Candidate status may continue until member receives his/her surgical boards, or up to three years following completion of a general surgery residency, or upon completion of a fellowship program.

Application Date: _____ **Please circle: Male or Female** **PLEASE TYPE OR PRINT CLEARLY**

APPLICANT'S FULL NAME:

_____

(**LAST**/FAMILY NAME) (**FIRST**/GIVEN NAME) (**MIDDLE** NAME OR INITIAL)

☐ MD ☐ DO ☐ PhD ☐ Other Degrees: _____

Date of Birth (month/day/year): _____ Country of Birth _____

PLEASE CHECK PREFERRED MAILING ADDRESS:

☐ **PROFESSIONAL ADDRESS**:

_____
(Company or Organization or Institution)

_____
(Department) (Title)

_____
(Street Address) (Suite or Room or Building or PO Box)

_____
(City) (State/Province) (Zip/Postal Code) (Country)

_____
(Business Phone Number) (Business Fax Number) (Business E-Mail Address)

☐ **RESIDENCE ADDRESS**:

_____
(Street Address) (Apt Number or Box Number)

_____
(City) (State/Province) (Zip/Postal Code) (Country)

_____
(Home or Cell Phone Number) (Personal E-Mail Address)

EDUCATION:

College/University: Institution	Degree	Date Awarded
Medical School: Institution	Degree	Date Awarded
Postgraduate Training: Institution	Degree	Date Awarded
Internship: Institution	Program Director	Inclusive Dates
Residency: Institution	Program Director	Inclusive Dates
Fellowship: Institution	Program Director	Inclusive Dates
Other: Institution	Program Director	Inclusive Dates

MEDICAL LICENSURE:

State Registry Number Expiration Date

☐ A medical license is not yet available. Instead, I have included the required letter from my Program Director verifying my participation in a surgical residency program.

Has your medical license ever been suspended or revoked in any state? ☐ Yes ☐ No

Have your privileges ever been suspended or changed? ☐ Yes ☐ No

BOARD CERTIFICATION:

☐ I am a resident/fellow and have not yet applied for Board certification. Current PG Year: _____ End Training Date: _____

☐ I am a surgeon awaiting Board certification. Specialty Board: _____ Application Date: _____

Specialty Board: _____ Test Date: _____

CURRENT ENDOSCOPIC/LAPAROSCOPIC EXPERIENCE (NOT NECESSARY TO HAVE EXPERIENCE IN ALL THESE PROCEDURES):

FLEXIBLE GI ENDOSCOPY

(Approximate # Past 12 months/3 years/Complications)

☐ EGD # ____ / # ____/ #____

☐ ERCP # ____ / # ____/ #____

☐ PEG # ____ / # ____/ #____

☐ COLONOSCOPY # ____ / # ____/ #____

☐ OTHER_____

LAPAROSCOPIC GENERAL SURGERY

(Approximate # Past 12 months/3 years/Complications)

☐ LAPAROSCOPY # ____ / # ____/ #____

☐ LAPAROSCOPIC CHOLECYSTECTOMY # ____ / # ____/ #____

☐ LAPAROSCOPIC CHOLEDOCHOSCOPY # ____ / # ____/ #____

☐ UPPER GI LAPAROSCOPIC SURGERY # ____ / # ____/ #____

☐ LOWER GI LAPARSCOPIC SURGERY # ____ / # ____/ #____

☐ LAPAROSCOPIC SOLID ORGAN REMOVAL # ____ / # ____/ #____

ENDOSCOPIC and LAPAROSCOPIC TRAINING:

Is/Was **FLEXIBLE ENDOSCOPY** included in your surgical residency or fellowship training? ☐ Yes ☐ No

If yes, who is/was your Endoscopic Instructor? _____ Inclusive Dates: _____

Endoscopic Instructor? _____ Inclusive Dates: _____

Endoscopic Instructor? _____ Inclusive Dates: _____

Is/Was **LAPAROSCOPIC SURGERY** included in your surgical residency or fellowship training? ☐ Yes ☐ No

If yes, who is/was your Instructor? _____ Inclusive Dates: _____

Instructor? _____ Inclusive Dates: _____

Instructor? _____ Inclusive Dates: _____

AUTHORIZATION: I authorize the Society of American Gastrointestinal and Endoscopic Surgeons to obtain information from societies, hospital staffs, members and any other source regarding this application and my qualifications for membership that will be kept confidential by the Society.

Applicant's Signature: _____

CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:

□ A signed, fully completed application form.
□ A copy of your current medical license OR letter from Program Director verifying my participation in a surgical residency program.
TWO letters of recommendation from two individuals describing applicant's training, skill and experience in the practice of endoscopy and/or laparoscopy:
□ A letter from a current SAGES member.
□ A letter from your current Program Director in Surgery, or your endoscopic instructor during your residency training.
□ Submit payment for the $70 application fee.

PLEASE FIND ENCLOSED MY $70 USD APPLICATION FEE:

□ A check (USD only) is enclosed with this application. Please make checks payable to SAGES.

□ I authorize you to charge my: □ VISA □ MasterCard

CC Number: _____ Expiration Date: _____ Amount: _____

Cardholder Name: _____ Signature: _____

APPLICATION REVIEW PROCESS: The SAGES Membership Committee meets quarterly, in January, March/April, July, and October, to consider new members. Applications must be complete one month prior to final approval meeting dates.

ANNUAL MEMBERSHIP DUES: Annual dues for Candidate members are $70 and includes a subscription to the *Surgical Endoscopy* journal. Upon acceptance of membership, the $70 application fee payment is applied as first year's dues.

UPGRADE FROM CANDIDATE TO ACTIVE OR INTERNATIONAL STATUS: Send a request in writing that you wish to upgrade your membership status along with a copy of your Board certificate or the letter from the Board or a copy of your ACS certificate. You DO NOT need to reapply for upgrade to Active or International status.

ACTIVE STATUS: Candidate members in good standing who obtain certification by the American Board of Surgery, the American Board of Osteopathic Surgery, or who become a Fellow of the American College of Surgeons or the Canadian Royal College of Surgeons may be upgraded to Active member status.

INTERNATIONAL STATUS: Candidate members in good standing who do not obtain one of the above certifications may become International members if they are currently practicing surgery outside of the USA, Canada or Puerto Rico with a valid medical license and Board certificate equivalent for the country they are practicing in OR if they are licensed and certified to practice surgery internationally, but are now licensed and practicing in the United States.

UPGRADE FROM CANDIDATE TO ASSOCIATE ACTIVE STATUS: If you wish to upgrade to Associate Active status, you must reapply for Associate Active membership status.

ASSOCIATE ACTIVE STATUS: Candidate members in good standing who meet the criteria for Associate Active membership will be considered for upgrade to Associate Active member status.