SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR INTERNATIONAL 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

INTERNATIONAL MEMBERSHIP REQUIREMENTS:

- Surgeons or gastrointestinal endoscopists who reside in a country other than the United States, Canada or Puerto Rico, or practice in the USA who do not meet qualifications for Active/Associate Active membership having trained outside the USA, Canada or Puerto Rico.
- License to practice medicine in his/her state, province or country.
- Surgical Board certificate or official document to practice surgery in the country which he/she practices/trained.

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 ☐ 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:

_____

Country Registry Number Expiration Date

Has your medical license ever been suspended or revoked? ☐ Yes ☐ No
Have your privileges ever been suspended or changed? ☐ Yes ☐ No

BOARD CERTIFICATION:

☐ Certification or Official Documentation to practice surgery Certificate # _____ Exp Date: _____

FELLOWSHIPS and MEMBERSHIPS:

☐ CAGS ☐ EAES ☐ ELSA ☐ FELAC/ALACE ☐ GSA ☐ JSES ☐IPEG ☐MIRA ☐OTHER:_____

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

FLEXIBLE GI ENDOSCOPY

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

☐ EGD # ____ / # ____/ #____ ☐ TEACH?
☐ ERCP # ____ / # ____/ #____ ☐ TEACH?
☐ PEG # ____ / # ____/ #____ ☐ TEACH?
☐ COLONOSCOPY # ____ / # ____/ #____ ☐ TEACH?

☐ OTHER_____

LAPAROSCOPIC GENERAL SURGERY

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

☐ LAPAROSCOPY # ____ / # ____/ #____ ☐ TEACH?
☐ LAPAROSCOPIC CHOLECYSTECTOMY # ____ / # ____/ #____ ☐ TEACH?
☐ LAPAROSCOPIC CHOLEDOCHOSCOPY # ____ / # ____/ #____ ☐ TEACH?
☐ UPPER GI LAPAROSCOPIC SURGERY # ____ / # ____/ #____ ☐ TEACH?
☐ LOWER GI LAPARSCOPIC SURGERY # ____ / # ____/ #____ ☐ TEACH?
☐ LAPAROSCOPIC SOLID ORGAN REMOVAL # ____ / # ____/ #____ ☐ TEACH?

ENDOSCOPIC and LAPAROSCOPIC TRAINING:

Was **FLEXIBLE ENDOSCOPY** included in your surgical residency or fellowship training? ☐ Yes ☐ No
If yes, who was your Endoscopic Instructor? _____

Was **LAPAROSCOPIC SURGERY** included in your surgical residency or fellowship training? ☐ Yes ☐ No
If yes, who was your Instructor? Date: _____ Instructor: _____
Did you receive training from a course or program? Date: _____ Course/Program: _____
Location: _____ Course/Program Instructor: _____

ACADEMIC APPOINTMENTS (BEGIN WITH CURRENT):

_____ ☐ CLINICAL? ☐ FULL TIME?
Institution Title Inclusive Dates
_____ ☐ CLINICAL? ☐ FULL TIME?
Institution Title Inclusive Dates
_____ ☐ CLINICAL? ☐ FULL TIME?
Institution Title Inclusive Dates

HOSPITAL APPOINTMENTS (BEGIN WITH CURRENT):

_____
Institution Inclusive Dates
_____
Institution Inclusive Dates
_____
Institution Inclusive Dates

PRACTICE PATTERNS (INDICATE YOUR SURGICAL PRACTICE AS IT IS NOW DEFINED):

☐ Private Practice Solo ☐ Private Practice Group ☐ Private Practice/Part Time HMO ☐ Military
☐ Full Time HMO or IPA ☐ Full Time Academic ☐ Full Time Government (VA) ☐ Other

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 for the State or Country in which you practice
☐ A copy of your surgical certificate or other official documentation that allows your to practice surgery in your country
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 Chief of Surgery or a previous endoscopic instructor or a surgical colleague who is familiar with your endoscopic practice
☐ Submit payment for the $100 application fee for those applying for International Tier 1 membership. Applicants applying for International Tier 2 or Tier 3 DO NOT PAY the application fee. (Please read details below under Annual Membership Dues).

PLEASE FIND ENCLOSED MY $100 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: Dues are invoiced AFTER acceptance into membership. Annual dues for International Tier 1 members are $350 and include a subscription to the *Surgical Endoscopy* journal. Applicants from developing countries may elect to pay lower dues that do not include a subscription to the *Surgical Endoscopy* journal - Tier 2 dues are $135, Tier 3 dues are $50.

TIER 1 COUNTRIES	TIER 2 COUNTRIES	TIER 3 COUNTRIES		
Aruba	Andorra	Afghanistan	Georgia	Pakistan
Australia	Antigua and Barbuda	Albania	Ghana	Palau
Austria	Argentina	Algeria	Greece	Panama
Bahrain	Barbados	American Samoa	Grenada	Papua New Guinea
Belgium	British Virgin Islands	Angola	Guadeloupe	Paraguay
Bermuda	Croatia	Anguilla	Guatemala	Peru
Brunei	Cyprus	Antigua and Barbuda	Guinea	Philippines
Canada	Czech Republic	Armenia	Guinea-Bissau	Romania
Cayman Islands	Equatioral Guinea	Azerbaijan	Guyana	Russia
Denmark	Estonia	Bahamas, The	Haiti	Rwanda
Falkland Islands (Islas Malvinas)	French Polynesia	Bangladesh	Honduras	Saint Helena
Faroe Islands	Israel	Belarus	Hungary	Saint Kitts and Nevis
Finland	Korea, South	Belize	India	Saint Lucia
France	Latvia	Benin	Indonesia	Saint Pierre and Miquelon
Germany	Lithuania	Bhutan	Iran	Saint Vincent and the Grenadines
Gibraltar	Malta	Bolivia	Iraq	Samoa
Greenland	Martinique	Bosnia and Herzegovina	Jamaica	Sao Tome and Principe
Guam	Mauritius	Botswana	Jordan	Senegal
Guernsey	Mexico	Brazil	Kazakhstan	Serbia and Montenegro
Hong Kong	Netherlands Antilles	Bulgaria	Kenya	Sierra Leone
Iceland	New Caledonia	Burkina Faso	Kiribati	Solomon Islands
Ireland	Northern Mariana Islands	Burma	Korea, North	Somalia
Italy	Poland	Burundi	Kyrgyzstan	South Africa
Japan	Portugal	Cambodia	Laos	Sri Lanka
Jersey	Puerto Rico	Cameroon	Lebanon	Sudan
Kuwait	Reunion	Cape Verde	Lesotho	Suriname
Liechtenstein	Russia	Central African Republic	Liberia	Swaziland
Luxembourg	Seychelles	Chad	Libya	Syria
Macau	Slovakia	Chile	Macedonia, The Former Yugoslav Republic of	Tajikistan
Man, Isle of	Slovenia	China	Madagascar	Tanzania
Monaco	Spain	Colombia	Malawi	Thailand
Netherlands	South Africa	Comoros	Malaysia	Togo
New Zealand	Trinidad and Tobago	Congo, Democratic Republic of the	Maldives	Tokelau
Norway		Cook Islands	Mali	Tonga
Oman		Costa Rica	Marshall Islands	Tunisia
Puerto Rico		Cote d'Ivoire	Mauritania	Turkey
Qatar		Cuba	Mauritius	Turkmenistan
San Marino		Djibouti	Mayotte	Turks and Caicos Islands
Saudi Arabia		Dominica	Micronesia, Federated States of	Tuvalu
Singapore		Dominican Republic	Moldova	Uganda
Sweden		East Timor	Mongolia	Ukraine
Switzerland		Ecuador	Montserrat	Uruguay
Taiwan		Egypt	Morocco	Uzbekistan
United Arab Emirates		El Salvador	Mozambique	Vanuatu
United Kingdom		Eritrea	Namibia	Venezuela
United States		Ethiopia	Nauru	Vietnam
Virgin Islands		Fiji	Nepal	Wallis and Futuna
		French Guiana	Nicaragua	West Bank
		Gabon	Niger	Yemen
		Gambia, The	Nigeria	Zambia
		Gaza Strip	Niue	Zimbabwe