SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR ALLIED HEALTH PROFESSIONAL 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

ALLIED HEALTH PROFESSIONAL MEMBERSHIP REQUIREMENTS:

- Eligibility for nurses, surgical technicians, physician assistants, endoscopy technicians, researchers, other surgical disciplines using endoscopic or laparoscopic techniques, and other interested allied health personnel who are actively participating in the practice or research of endoscopic or minimal access surgery

Application Date: _____ **Please check:** ☐ **Male** ☐ **Female** **PLEASE TYPE OR PRINT CLEARLY**

APPLICANT'S FULL NAME:

_____

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

☐ MD ☐ PhD ☐ RN ☐ BSN ☐ LPN ☐ CNRP ☐ MA ☐ NP ☐ PA-C ☐ Other Degrees: _____

Professional Title: _____ Primary Health Specialty: _____

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

PLEASE CHECK PREFERRED MAILING ADDRESS:

☐ **PROFESSIONAL ADDRESS**:

_____
(Company or Organization or Institution)

_____
(Department)

_____
(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 (COMPLETE ANY APPLICABLE TO YOUR EDUCATION):

College/University: Institution	Degree	Date Awarded
Medical/Nursing School: Institution	Degree	Date Awarded
Other Applicable 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:

Issuing Body	Registry Number	Expiration Date

☐ A license is not issued in my profession.

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 Board certified by: _____ Certificate #: _____ Expiration Date: _____

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Current job position description: _____

Why do you want to join SAGES? _____

Who referred you to SAGES? _____

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: _____

SPONSOR:

Current Sages Member: _____ Email: _____

CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:

☐ A signed, fully completed application form (or complete an online application at www.sages.org)

☐ A copy of any current license and/or board certification applicable to your profession

☐ A letter of recommendation from a current SAGES member

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 Allied Health Professional members are $150 and includes a subscription to the *Surgical Endoscopy* journal. Dues are invoiced AFTER acceptance into membership. **(No application fee is required)**.