



# 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.

PLEASE TYPE OR PRINT CLEARLY Application Date: \_\_\_\_\_

Please check:  Male  Female

### 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)

\_\_\_\_\_  
(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:**

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

**MEDICAL LICENSURE:**

State	Registry Number	Expiration Date
<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your privileges ever been suspended or changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 LAPAROSCOPIC 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:** \_\_\_\_\_

**SPONSORS:**

Current SAGES Member: \_\_\_\_\_ Email: \_\_\_\_\_

Program Director: \_\_\_\_\_ Email: \_\_\_\_\_

**CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION:**

- A signed, fully completed application form (or complete the online application at [www.sages.org](http://www.sages.org))
- A copy of your current medical license if applicable

**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.
- Application Fee of \$70

**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:        

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**or remit payment online at:** <https://www.sages.org/sages-membership-application-fee/>

**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 to [membership@sages.org](mailto:membership@sages.org) that you wish to upgrade your membership status along with a copy of your current medical license and Board certificate or the letter from the Board or a copy of your ACS certificate. You DO NOT need to complete a new application form.

**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 complete a new application form at [www.sages.org](http://www.sages.org)

**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.