



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 ext. 110
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.

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 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?	<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:

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

FELLOWSHIPS and MEMBERSHIPS:

CAGS EAES ELSA FELAC/ALACE GSA JSES IPEG AWS SBAS 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 # ___ / # ___ / # ___
 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: _____

ACADEMIC APPOINTMENTS (BEGIN WITH CURRENT):

_____ <input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME?		
Institution	Title	Inclusive Dates
_____ <input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME?		
Institution	Title	Inclusive Dates
_____ <input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME?		
Institution	Title	Inclusive Dates

HOSPITAL APPOINTMENTS (BEGIN WITH CURRENT):

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

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

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Private Practice Solo | <input type="checkbox"/> Private Practice Group | <input type="checkbox"/> Private Practice/Part Time HMO | <input type="checkbox"/> Military |
| <input type="checkbox"/> Full Time HMO or IPA | <input type="checkbox"/> Full Time Academic | <input type="checkbox"/> Full Time Government (VA) | <input type="checkbox"/> Other |

I consider myself primarily to be:

- | | |
|---|---|
| <input type="checkbox"/> Academic Surgeon | <input type="checkbox"/> Community Practice Surgeon |
|---|---|

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: _____





Surgeon Colleague: _____ Email: _____

CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION: [** ENGLISH Translation]

- A signed, fully completed application form (or complete the online application at www.sages.org)
- 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 you 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 (or request an introduction by emailing membership@sages.org)
- 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).

PROMO CODE: _____

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:    

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: Dues are invoiced AFTER acceptance into membership. Annual dues for International Tier 1 members are \$350 and include an online 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	Argentina	Albania	Ghana	Palau
Austria	Barbados	Algeria	Greece	Panama
Bahrain	British Virgin Islands	American Samoa	Grenada	Papua New Guinea
Belgium	Croatia	Angola	Guadeloupe	Paraguay
Bermuda	Cyprus	Anguilla	Guatemala	Peru
Brunei	Czech Republic	Antigua and Barbuda	Guinea	Philippines
Canada	Equatorial Guinea	Armenia	Guinea-Bissau	Romania
Cayman Islands	Estonia	Azerbaijan	Guyana	Russia
Denmark	French Polynesia	Bahamas, The	Haiti	Rwanda
Falkland Islands (Islas Malvinas)	Israël	Bangladesh	Honduras	Saint Helena
Faroe Islands	Korea, South	Belarus	Hungary	Saint Kitts and Nevis
Finland	Latvia	Belize	India	Saint Lucia
France	Lithuania	Benin	Indonesia	Saint Pierre and Miquelon
Germany	Malta	Bhutan	Iran	Saint Vincent and the Grenadines
Gibraltar	Martinique	Bolivia	Iraq	Samoa
Greenland	Maturités	Bosnia and Herzegovina	Jamaica	Sao Tome and Principe
Guam	Mexico	Botswana	Jordan	Senegal
Guernsey	Netherlands Antilles	Brazil	Kazakhstan	Serbia and Montenegro
Hong Kong	New Caledonia	Bulgaria	Kenya	Sierra Leone
Iceland	Northern Mariana Islands	Burkina Faso	Kiribati	Solomon Islands
Ireland	Poland	Burma	Korea, North	Somalia
Italy	Portugal	Burundi	Kyrgyzstan	South Africa
Japan	Puerto Rico	Cambodia	Laos	Sri Lanka
Jersey	Reunion	Cameroon	Lebanon	Sudan
Kuwait	Seychelles	Cape Verde	Lesotho	Suriname
Liechtenstein	Slovakia	Central African Republic	Liberia	Swaziland
Luxembourg	Slovenia	Chad	Libya	Syria
Macau	Spain	Chile	Macedonia, The Former Yugoslav Republic of	Tajikistan
Man, Isle of	Slovenia	China	Madagascar	Tanzania
Monaco	Trinidad and Tobago	Colombia	Malawi	Thailand
Netherlands		Comoros	Malaysia	Togo
New Zealand		Congo, Democratic Republic of the	Maldives	Tokelau
Norway		Cook Islands	Mali	Tonga
Oman		Costa Rica	Marshall Islands	Tunisia
Qatar		Cote d'Ivoire	Mauritania	Turkey
San Marino		Cuba	Mauritius	Turkmenistan
Saudi Arabia		Djibouti	Mayotte	Turks and Caicos Islands
Singapore		Dominica	Micronesia, Federated States of	Tuvalu
Sweden		Dominican Republic	Moldova	Uganda
Switzerland		East Timor	Mongolia	Ukraine
Taiwan		Ecuador	Montserrat	Uruguay
United Arab Emirates		Egypt	Morocco	Uzbekistan
United Kingdom		El Salvador	Mozambique	Vanuatu
United States		Eritrea	Namibia	Venezuela
Virgin Islands		Ethiopia	Nauru	Vietnam
		Fiji	Nepal	Wallis and Futuna
		French Guiana	Nicaragua	West Bank
		Gabon	Niger	Yemen
		Gambia, The	Nigeria	Zambia
		Gaza Strip	Niue	Zimbabwe