SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

APPLICATION FOR ASSOCIATE ACTIVE 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

ASSOCIATE ACTIVE MEMBERSHIP REQUIREMENTS:

- Practice within the United States, Canada or Puerto Rico.
- License to practice medicine in his/her state, province or country. Applicant may be in government service not requiring licensure.
- Certification by an American Surgical Specialty Board (other than the American Board of Surgery, the American Board of Osteopathic Surgery, fellowship in the Royal College of Surgeons, Canada, or fellowship in the American College of Surgeons) that is a member of the American Board of Medical Specialties and appropriate to applicant's specialty practice, or certification in gastroenterology by the American Board of Internal Medicine, or appropriate equivalent specialty certification by the Royal College of Physicians and Surgeons of Canada.

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:

____

State Registry Number Expiration Date

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:

☐ Certified by an American Surgical Specialty Board Certificate #: ____________________ Specialty: __________________________

☐ Certified by the American Board of Internal Medicine Certificate # ____________________ Specialty: __________________________

☐ Certified by the Royal College of Physicians and Surgeons of Canada Certificate # ____________________ Specialty: __________________________

FELLOWSHIPS and MEMBERSHIPS:

☐ AMA ☐ ASGE ☐ AUA ☐ ASCRS ☐ AAGL ☐ 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 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: ______________________

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

I consider myself primarily to be:

☐ Academic Surgeon ☐ 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: ____________________

Program Director: ________________________________ 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 your current medical license
☐ A copy of your certificate from an American Surgical Specialty Board, the American Board of Internal Medicine, the American College of Surgeons or the Royal College of Surgeons
☐ Documented experience in minimal access surgery (e.g., endoscopy, laparoscopy, thoracoscopy, robotics) in a surgical field other than gastrointestinal surgery, or documented recognition and expertise in advanced therapeutic gastroenterologic endoscopy, by applicant dedicated to goals and objectives of the Society

TWO letters of recommendation from two sponsors describing applicant's competency in the field of minimal access surgery:

☐ A letter from a current SAGES member. (or request an introduction by emailing membership@sages.org)
☐ A letter from the Chief/Chair of Surgery/ Chief of Staff, or applicant's Program Director/instructor in endoscopy or laparoscopy, or a physician familiar with your practice
☐ Application fee of $100

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: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

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 Associate Active members are $350 and includes your online subscription to the *Surgical Endoscopy* journal. Dues are invoiced AFTER acceptance into membership.