



# 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  
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.

Application Date: \_\_\_\_\_

Title:  Mr.  Mrs.  Miss  Ms.  Mx.

**PLEASE TYPE OR PRINT CLEARLY**

### APPLICANT'S FULL NAME:

\_\_\_\_\_  
(LAST/FAMILY NAME)

\_\_\_\_\_  
(FIRST/GIVEN NAME)

\_\_\_\_\_  
(MIDDLE NAME OR INITIAL)

Suffix:  Jr.  II  III  IV

MD  DO  PhD  Other Degrees: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

\_\_\_\_\_  
(Company or Organization or Institution Name)

\_\_\_\_\_  
(Department)

ADDRESS:  BUSINESS  HOME

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Suite or Apartment or Building or PO Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State/Province)

\_\_\_\_\_  
(Zip/Postal Code)

\_\_\_\_\_  
(Country)

\_\_\_\_\_  
(Business Phone Number)

\_\_\_\_\_  
(Business E-Mail Address)

\_\_\_\_\_  
(Home or Cell Phone Number)

\_\_\_\_\_  
(Secondary/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.		
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 Year: \_\_\_\_\_

I am a surgeon awaiting Board certification. Specialty Board: \_\_\_\_\_ Application Year: \_\_\_\_\_  
Specialty Board: \_\_\_\_\_ Test Year: \_\_\_\_\_

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

**RECOMMENDATION:**

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
- A letter from your current Program Director in Surgery
- Application Fee of \$75 (or Promo Code)

PROMO CODE: \_\_\_\_\_

**PLEASE FIND ENCLOSED MY \$75 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: \_\_\_\_\_

**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. Upon acceptance of membership, the \$70 application fee payment is applied as first year's dues.

**UPGRADE FROM CANDIDATE TO NEW CATEGORY:** Send a request to [membership@sages.org](mailto:membership@sages.org) that you wish to upgrade your membership status. Include a copy of your current medical license, 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; or you may complete a request to upgrade online at <https://www.sages.org/membership/candidate/upgrade/>

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 without board certification.

ASSOCIATE ACTIVE STATUS: Candidate members in good standing who do not meet the criteria for Active membership will be considered for upgrade to Associate Active member status.