American Society for Gastrointestinal Endoscopy

Application for Fellowship

Fellowship in the ASGE is intended to recognize individuals who have made significant contributions to the Society through services or education, or to the field of endoscopy. Guidelines listed below are suggested as a minimum criterion to support the application. The Membership Committee will review applications for FASGE, placing the highest emphasis on the quality and breadth of contribution to gastrointestinal endoscopy.

A. Requirements for Fellowship:

i. Active US or International Membership for at least five years (beyond completion of fellowship). To view a list of current FASGE members, please visit [www.asge.org](http://www.asge.org).

ii. Active US Members must have initial board certification in adult or pediatric gastroenterology, or surgery.

iii. Significant contribution to the field of GI endoscopy as evidenced by one or more of the following:

   a. Significant scientific contribution to the field of endoscopy; or
   b. Significant contributions to education in endoscopy on the international, national, state or regional level; or
   c. Significant service to ASGE (minimum requirement is successful service on one or more ASGE committees as attested by the committee chair); or
   d. Contributions to endoscopy at a local level beyond an individual’s practice of gastroenterology and 30 hours of CME related to gastrointestinal endoscopy in the last 5 years, including at least two ASGE-sponsored courses.

iv. Two letters of recommendation from current ASGE Fellows for Active applicants. For International applicants, one letter of recommendation must be from a current ASGE Fellow. The second letter of recommendation may be from someone who serves in a leadership position in gastroenterology (i.e., Chief of GI, President of GI society) from the applicant’s respective country.
American Society for Gastrointestinal Endoscopy

I am applying for Fellowship in the American Society for Gastrointestinal Endoscopy having met the criteria as noted below (please check boxes and complete as appropriate):

Date: __________________________

Name: ____________________________________________________
(First) __________________________ (Middle Initial) ____________ (Last) __________________________

Membership ID (if available): __________________________________________

Active U.S. or International Membership in ASGE for at least five years beyond completion of fellowship is required.

Initial board certification (US members) in:

Adult Gastroenterology __________________________ (Date) __________________________ (Number)

Pediatric Gastroenterology __________________________ (Date) __________________________ (Number)

Surgery __________________________ (Date) __________________________ (Number)
Significant scientific contributions to the field of endoscopy as evidenced by one or more of the following:

1. Significant scientific contribution to the field of endoscopy; (describe below—use additional pages if necessary—may attach CV)

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OR

2. Contributions to education in endoscopy on the international, national, state or regional level; (describe below—use additional pages if necessary—may attach CV)

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OR

3. Significant service to the ASGE (minimum involvement would be successful service on one or more ASGE committees);

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4. Leadership position in a regional or local medical society. (Describe below)

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OR

Two letters of recommendation from current FASGE Members for Active applicants. For International applicants, one letter of recommendation must be from a current FASGE Member. The second letter of recommendation may be from someone who serves in a leadership position in gastroenterology (i.e., Chief of GI, President of GI Society from the applicant’s respective country.

Please provide the names of who will be writing recommendation letters on your behalf.

__________________________________________________________________________

__________________________________________________________________________

If you would like us to contact the above mentioned for recommendation letters on your behalf, please check this box.

A one-time non-refundable processing fee of $400 made payable to the ASGE must accompany this application.
American Society for Gastrointestinal Endoscopy
3300 Woodcreek Drive
Downers Grove, IL 60515
Fax: 630-963-8332

CHOOSE YOUR METHOD OF PAYMENT (please check the appropriate box)

FOR OFFICE USE ONLY:

DATE: ___/___/_______
AC #: ____________________

Visa □ MASTERCARD □ CHECK □ AMEX □ DISCOVER

Your card number:

Expiration date:

□□ □□ Amount: $______________ (US Dollars)

____________________________________________________Signature
☐ FASGE Application Fee
$400.00

Name:  
Membership ID #: 

Home Address:

Work Address:

Work Phone:  Fax:  
Home Phone:  E-mail:

Please mark your preferred address: ☐ Home  ☐ Work

You can submit your application by using one of the following methods:

Mail:  ASGE  
3300 Woodcreek Drive  
Downers Grove, IL 60515  
Fax:  630.963.8332  
E-mail: membership@asge.org