



ASGE Affiliate – Practice Manager

For directors, practice managers, office managers, billers, coders, administrative management and support in the field of endoscopy

Solutions for the entire GI Team!

Eligibility Requirements

Candidates for Affiliate Practice Manager Membership include practice or office managers who are employed in the field of endoscopy and oversee a GI practice or endoscopy suite. Further details regarding eligibility requirements for affiliate membership can be found by selecting the 'join ASGE' tab at www.ASGE.org.

Dues: \$170.00

*Please note, refunds will NOT be granted if application is not completed within 45 days of submission.

Questions? Contact your ASGE Customer Care Team at membership@asge.org or call 630-573-0600.

Affiliate- Practice Manager Benefits

Below are just some of the resources, initiatives and outcomes supported by your membership dues. As always, we appreciate the opportunity to serve you and to be your partner in the delivery of high-quality endoscopic care. For a complete list of benefits please visit our website at www.ASGE.org.

- Access GILEAP for flexible, cutting-edge online learning content
- Complimentary subscriptions to ASGE publications, *GIE*®, *SCOPE*, and *Leading Edge*
- Access to ASGE Practice Management resources
- Online access to valuable Practice Guidelines and Technology Reviews
- GI Outlook-Practice Management Conference
- Members-only discounts on course registration fees and products

Join ASGE and save on over \$4,700 on tangible benefits!

Benefits	Savings
GIE®	\$ 350
DDW® Discount	\$ 625
Complimentary GILEAP online content	\$3,750
Total Savings	\$4,725

Add to the savings when you receive member discounts of up to 20% on select DVDs, educational products and ASGE course registrations!



ASGE Affiliate Sponsor Endorsement Form

To apply for Affiliate membership, the candidate must be sponsored by one current ASGE member (Active or Senior). The sponsor section below is to be completed by your sponsor and submitted via fax to 630.963.8332, e-mail to membership@asge.org or mailed to ASGE, 3300 Woodcreek Road, Downers Grove IL 60515. Questions? Contact your ASGE Customer Care Team via email at membership@asge.org or call 630-573-0600.

Date: _____

Candidate Information

First Name _____ Middle Initial _____ Last Name _____

Job Title: _____ Degrees/Cert.(s) RN MPH MBA NP PA CPA Other _____

Phone _____ Fax _____ E-mail _____

Sponsor Information

The information below is to be completed by your sponsor.

First Name _____ Middle Initial _____ Last Name _____

Job Title _____ Current Degrees(s) MD DO Other _____

Phone _____ Fax _____ E-mail _____

Basis for evaluation (Please select all that apply)

- Director of endoscopic training program
- ASGE member familiar with applicant's clinical and endoscopic skills

Evaluation

Patient clinical skills/judgment	<input type="checkbox"/> adequate	<input type="checkbox"/> inadequate	<input type="checkbox"/> cannot evaluate
Endoscopic skills	<input type="checkbox"/> adequate	<input type="checkbox"/> inadequate	<input type="checkbox"/> cannot evaluate

- I recommend
- I do not recommend for ASGE membership
- I am an ASGE member

Sponsor's Signature _____



Affiliate Membership

Date: _____

Personal Information

First Name _____ Middle Initial _____ Last Name _____

Suffix _____ Position Title _____ Current Degrees(s) MD DO Other _____

Race:

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black (African) |
| <input type="checkbox"/> Black (Caribbean) | <input type="checkbox"/> Black (American) | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Hispanic/Latino (American) | <input type="checkbox"/> Hispanic/Latino (Central American) | <input type="checkbox"/> Hispanic/Latino (Caribbean) |
| <input type="checkbox"/> Hispanic/Latino (South American) | <input type="checkbox"/> Hispanic/Latino (European) | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Multiracial _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Prefer not to answer | |

Do you consider yourself:

- Female Male Transgender Prefer not to answer

Date of Birth _____
MM/DD/YYYY

Preferred Mailing Address Work Home Preferred E-mail Address Work Home

Institution Name _____

Work Address _____

City _____ State/Prov. _____ Zip/Postal Code _____ Country _____

Work Phone _____ Work Fax _____ E-mail _____

Home Address _____

City _____ State/Prov. _____ Zip/Postal Code _____ Country _____

Home Phone _____ Home Fax _____ E-mail _____

Check box if you have performed endoscopy.

Education (If the below information isn't applicable, please indicate with an N/A)

Please provide *institution name*, *degree awarded*, and *date awarded* for the following:

College/University Attended: _____

Highest Degree Awarded: _____



Affiliate Membership

Practice Environment

- Corporate/Industry
- GI group private practice - partner
- Multi-spec grp-prvte prctc-empl
- Staff model HMO
- Other (independent contractor)
- GI group hospital - employee
- Government VA hosp/med cntr
- Multi-spec grp-prvte prctc-partner
- University based group
- GI group private practice - employee
- Multi-specialty group – hosp employee
- Solo practice
- Other (employee)

Reasons for joining the Society

- Education
- GIE
- Access to members only website
- Other _____
- Advocacy/Legislation
- Professional
- Reduced DDW Registration

I authorize the American Society for Gastrointestinal Endoscopy to obtain information from societies, hospital staff, members and any other source regarding this application and my qualifications for membership, which information, whether solicited by the Society, may be kept confidential by the Society.

I certify that the above information is accurate. _____
Signature



Affiliate Membership

Payment (U.S. Dollars)

Membership period is Jan 1. – Dec. 31. Annual dues for following year will be prorated based on acceptance date.

** Proration of dues applies to new members only.*

Amount Due: \$170: Please note refunds will NOT be granted if application is not completed within 45 days of submission.

My Check is enclosed in U.S. dollars, payable to ASGE

Check # _____ Check Amount _____

Visa MasterCard American Express Discover

Card Number _____ Name on Card _____

Please print

Total Charge Amount _____

Expiration Date _____ Amount _____ Signature _____
MM/YY

Members of ASGE may also join the Association for Bariatric Endoscopy, a division of ASGE, for an additional \$100.00

Association for Bariatric Endoscopy (ABE)

Join a SIG today! –only \$25 each for 1 year*

Ambulatory Endoscopy Center (AEC)

Small Bowel Endoscopy / Capsule Endoscopy (SBE/CE)

Endoluminal Therapy for Esophageal Disease/ Gastroesophageal Reflux Disease (ETED/GERD)

Endoscopic Ultrasonography (EUS)

Invention & Innovation (II)

Interventional IBD (IIBD)

Women in GI (WGI)

Endoscopic Submucosal Dissection (ESD)

Endoscopic Retrograde Cholangiopancreatography (ERCP)

Latin American GE (LATAM)

Intraductal Endoscopy and Cholangiopancreatography (IECP)

Submit completed application and payment

Mail:

ASGE
3300 Woodcreek Dr
Downers Grove, IL 60515

Apply Online:

<http://www.ASGE.org/membership>

Fax:

630.963.8332