



ASGE Active Sponsor Endorsement Form

To apply for active membership, the candidate must be sponsored by one current ASGE member (Senior, Active or International). The sponsor section below is to be completed by the sponsor and submitted via fax 630-963-8332 or mailed to 3300 Woodcreek Dr, Downers Grove, IL 60515. Questions? Please contact your ASGE Customer Care Team at 866.353.ASGE (2743) or 630.573.0600 or at membership@asge.org.

Date: _____

If Board Certified in GI – the sponsor will be waived for your application. Please include your certification information.

Candidate Information

Name: First _____ Middle Initial _____ Last _____

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

Phone _____ Fax _____ E-mail _____

Sponsor Information (the below information is to be completed by the candidate's sponsor)

Name: First _____ Middle Initial _____ Last _____

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 adequate inadequate cannot evaluate
Endoscopic skills adequate inadequate cannot evaluate

I recommend
 I do not recommend for ASGE membership.

Sponsor's Signature
(required) _____