



# ASGE International 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: \_\_\_\_\_

### 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) \_\_\_\_\_