



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, education, or to the field of endoscopy. Guidelines listed below are a minimum criterion to support this application. The Membership Committee will review applications for FASGE, placing the highest emphasis on the quality and breadth of contribution to gastrointestinal endoscopy.

In accordance with the 2019 ASGE Bylaws, the following are requirements for Fellowship:

1. Active or International Member for at least five (5) years.
2. Active Members must have initial board certification in adult or pediatric gastroenterology or surgery.
3. Significant scientific contributions to the field of gastrointestinal endoscopy as evidenced by:
 - a. Significant scientific contributions 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 ASGE committee as attested by the committee chair; or
 - d. contributions to endoscopy at the local level beyond an individual's practice of gastroenterology and thirty (30) hours of CME related to gastrointestinal endoscopy in the last five (5) years, including at least two (2) ASGE-sponsored courses.
4. Two letters of recommendation.

Active applicants: two letters of recommendation are required from two FASGE members in good membership standing.

International applicants: one letter of recommendation must be from a FASGE member in good standing, and 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.
5. Current Curriculum Vitae must be included with application.
6. The FASGE designation requires individuals to maintain ASGE membership in good standing. Should membership lapse for any reason, the individual will lose the privilege to use the FASGE designation and will be required to relinquish the designation immediately.



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):

Member ID: _____

Name: _____
 (First) (MI) (Last)

Email address: _____

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

Initial board certification (*US members only*) in:

Adult Gastroenterology	_____	_____
	(Date)	(Number)
Pediatric Gastroenterology	_____	_____
	(Date)	(Number)
Surgery	_____	_____
	(Date)	(Number)

Significant scientific contributions in 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)

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

3. Significant service to the ASGE (please list any involvement on one or more ASGE committees);

Name of Committee/Activity

Date of Service

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OR

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

- **Domestic applicants:** Please include two letters of recommendation from two current FASGE Members.
- **International applicants:** Please include one letter of recommendation from a current FASGE Member, and a second letter of recommendation from a leader in the field of gasgroenterology (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 letters of recommendation are not provided, ASGE will request letter(s) on the applicant's behalf.

5. A non-refundable processing fee of \$400 made payable to the ASGE must accompany this application.

(Signature of Applicant)

(Date)



PLEASE CHOOSE METHOD OF PAYMENT (please check the appropriate card, or you may submit application with a check.)

VISA MASTERCARD AMEX DISCOVER

CARD # _____

Expiration date: _____

Amount: \$ _____ (US Dollars)

_____ Signature

_____ Print Name

Name: _____	Membership ID #: _____
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Please submit your application by mail, fax, or email to:

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

FOR OFFICE USE ONLY:

DATE: ___/___/____
AC #: _____