

# ASGE Excellence in GI Practice Operations Recognition Program

## Program Application

Please check one:  New Application  Renewal Application If renewing, expiration date: \_\_\_\_\_

ASGE Member?  YES  NO If no, is membership application attached?  YES  NO

**Contact Information (Important! Please list your name exactly as you wish it to appear on your recognition certificate, if awarded.)**

Name of Applicant: \_\_\_\_\_  
 (Please print clearly) Last First MI

Applicant Position and Title: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Practice/Group Name: \_\_\_\_\_

Medical Director Name: (if applicable) \_\_\_\_\_

Practice Mailing Address: \_\_\_\_\_

### Unit Setting Affiliation(s) and Practice Size (# of GI Physicians)

Please check all that apply.

- |                                                     |                                      |                                        |                                         |                                         |
|-----------------------------------------------------|--------------------------------------|----------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Office-based               | <input type="checkbox"/> Small (1-3) | <input type="checkbox"/> Medium (4-10) | <input type="checkbox"/> Large (10 -15) | <input type="checkbox"/> Larger than 15 |
| <input type="checkbox"/> Ambulatory Surgical Center | <input type="checkbox"/> Small (1-3) | <input type="checkbox"/> Medium (4-10) | <input type="checkbox"/> Large (10 -15) | <input type="checkbox"/> Larger than 15 |
| <input type="checkbox"/> Hospital-based             | <input type="checkbox"/> Small (1-3) | <input type="checkbox"/> Medium (4-10) | <input type="checkbox"/> Large (10 -15) | <input type="checkbox"/> Larger than 15 |
| <input type="checkbox"/> HOPD only                  | <input type="checkbox"/> Small (1-3) | <input type="checkbox"/> Medium (4-10) | <input type="checkbox"/> Large (10 -15) | <input type="checkbox"/> Larger than 15 |

## ASGE Excellence in GI Practice Operations Recognition Program

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### Attestation of Guidelines for Safety and Endoscopy

Please attest that these requirements have been met for completion of the Practice Operations Recognition Program.

#### ATTESTATION OF READING THE ASGE GUIDELINES FOR SAFETY IN THE ENDOSCOPY UNIT

I certify that I read the *ASGE Guidelines for Safety in the Endoscopy Unit*.

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(Signature)

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(Date)

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#### ATTESTATION OF VIEWING THE GUIDELINES FOR SAFETY IN THE ENDOSCOPY UNIT WEBINAR On the [ASGE Online Learning Center](#) AND COMPLETION OF QUESTIONS FOLLOWING WEBINAR IN THE MODULE

I certify that I viewed the *Guidelines for Safety Webinar* and completed the questions following the webinar.

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(Signature)

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(Date)

## ASGE Excellence in GI Practice Operations Recognition Program

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### Course Attendance Checklist

Attendance of three ASGE required education courses in practice operations in a 24 month period (Beginning January 1, 2014)

Please check at least three courses completed.

- Practice Management 101: GI Practice Management Essentials Year: \_\_\_\_\_
- Practice Management 201: Looking at GI Practice Management Differently Year: \_\_\_\_\_
- Improving Quality and Safety in Your Endoscopy Unit Year: \_\_\_\_\_
- GI Endoscopy Unit Leadership: Cultivating a Successful Team Year: \_\_\_\_\_
- GI Outlook: The Practice Management Conference Year: \_\_\_\_\_
- Reimbursement and Coding Update Year: \_\_\_\_\_
- GI Coding and Billing: Auditing and Document Best Practices Year: \_\_\_\_\_
- ICD – 10 Bootcamp Course (offered in 2014 and 2015) Year: \_\_\_\_\_

## ASGE Excellence in GI Practice Operations Recognition Program

### Application Fee and Payment Information

**Application Fee: \$250.00 (U.S. Dollars)**

Your application will not be processed until the application fee is received. The application fee is nonrefundable.

#### Payment Information

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Method of Payment (Please check one)**  Credit Card (Please complete below)  Check payable to ASGE

**Credit Card Type:**  Master Card  Visa  American Express

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Authorized Name on Card (Please print)** \_\_\_\_\_

**Cardholder's Signature** \_\_\_\_\_

Mail or fax completed application with payment to:

**American Society for Gastrointestinal Endoscopy**  
P.O. Box 809055  
Chicago, IL 60680-9055  
Fax: 630.963.8332

# ASGE Excellence in GI Practice Operations Recognition Program

## Application Checklist

Completed materials must be submitted:

- Program Application Form
- Attestation of Reading of the ASGE Guidelines for Safety in the Endoscopy Unit
- Attestation of Viewing the Guidelines for Safety in the Endoscopy Unit Webinar and Answering Questions after Completion of Module. Visit: [www.asge.org/olc](http://www.asge.org/olc) and Click on the Practice Management Tab.
- Completed Course Attendance Checklist
- Application Fee
- New Member Application and Fee (if applicable)

What are the membership categories? Here are some of the ASGE membership categories. For additional categories and information visit: <http://www.asge.org/join/>

Membership Type	Description	Fee
Active	Physicians in the US and Canada	\$505 (includes a one-time \$100 initiation fee)
Associate	Registered nurses, technicians, physician assistants and nurse practitioners.	\$110 \$85 discount rate if SGNA member
Affiliate	Practice managers, PharmD's, directors, administrators and coders who do not practice endoscopy but demonstrate special interest in the field.	\$130
EURP Associate	Practice managers and nurse managers of units that are recognized through the ASGE Endoscopy Unit Recognition Program (EURP)	One year complimentary membership
International	Physicians practicing outside the US	\$445 (includes a one-time \$100 initiation fee)

Questions regarding your application, the program, or ASGE membership?

Please visit <http://www.asge.org/PRP>, contact ASGE by phone at 630.570.0600

or via email at [PRP@asge.org](mailto:PRP@asge.org).