

ASGE Course Endorsement Application



Thank you for your interest in ASGE endorsement of your educational program. Attaining ASGE endorsement is a process involving the submission of certain materials to the ASGE Education Council and an understanding of the conditions under which ASGE agrees to provide endorsement. The ASGE Education Council reviews and approves all conferences for endorsement. **Please submit your application at minimum two months prior to your event.**

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|---|--|----------------------------|--|
| Conference Title: | | | |
| Dates: | | Location: | |
| Total expected attendance: | | Conference Website: | |
| Sponsoring Organization (please spell out full name) | | | |

Name:

Title:

Organization:

Address:

Phone:

Fax:

Email:

Is the major educational focus of the program relevant to GI endoscopists? ☐ Yes ☐ No

Is at least one ASGE member on the planning committee and/or faculty for the course? ☐ Yes ☐ No

Is the program compatible with ASGE practice guidelines? ☐ Yes ☐ No

Is this program designed for educational (i.e., not promotional) purposes? ☐ Yes ☐ No

Will the presentations uphold the highest standards of endoscopic practice based on currently available evidence? ☐ Yes ☐ No

Will this program preserve patient privacy and confidentiality of medical records? ☐ Yes ☐ No

Will your course offer CME/MOC credit? ☐ Yes ☐ No

: Will your course be sponsored? ☐ Yes ☐ No

If so, please list sponsors here: _____

Will this course include any live demonstrations on patients? ☐ Yes ☐ No

If Yes-- the *Live Demonstration Course Endorsement Form* must be submitted with this application.

Will the program be conducted principally in English? ☐ Yes ☐ No

Are you expecting, and targeting, a multinational audience of participants for your conference? ☐ Yes ☐ No

Attached to this application is the following: Course literature including a draft of the course brochure and course objectives, faculty in attendance and/or promotional materials. **Please note: ASGE strongly encourages you to consider diversity in choosing faculty.**

Registration List: By accepting ASGE's endorsement of your educational offering, you agree to provide ASGE access to your registration list for use in its educational and membership recruitment initiatives.

Registration list must include: first and last name, designation institution, mailing address and email address.

Please indicate your agreement with the following:

The ASGE Endorsement logo will be used in accordance with ASGE graphic standards

☐ Agree ☐ Disagree

ASGE assumes no financial responsibility or liability for the program

☐ Agree ☐ Disagree

This endorsement only applies to this single activity and must be renewed for future activities

☐ Agree ☐ Disagree

If approved, my organization is prepared to pay a fee of \$4,500 USD for domestic endorsement, which includes use of the ASGE endorsement logo, promoting the event in ASGE's newsletter that goes out to all members, and promotion of the course on the ASGE website. In the event this activity is canceled, refunds will not be issued, nor will the application fee be transferred to any future courses.

☐ Agree ☐ Disagree

ASGE does NOT provide CME joint sponsorship with international organizations or financial sponsorship for ASGE members to attend non-ASGE events as participants or faculty.

☐ Agree ☐ Disagree

Please submit any available information about your activity, including program, faculty and/or promotional materials. The course director must sign below to confirm the accuracy of the information included, and agreement with the above conditions if the activity is approved.

Signature

I confirm the accuracy of this information included, and agreement with the above conditions if the activity is approved.

Program Course Director Signature

Date

Please return this form, along with supporting materials, to endorsements@asge.org
or fax to ASGE c/o Endorsements at 630-573-0691.