



ASGE Enduring Endorsement Application

Thank you for your interest in ASGE endorsement of your enduring material. Attaining ASGE endorsement is a process involving the submission of certain materials to the ASGE CME Programs Committee and an understanding of the conditions under which ASGE agrees to provide endorsement. The ASGE CME Programs Committee reviews and approves all materials for endorsement.

Activity Title:			
Type of Activity:		Date of Publication:	
Total expected purchases:		Activity Website (if applicable):	
Sponsoring Organization (please spell out full name)			

Is this activity approved for CME Credit? Yes No

If yes, how many CME Credit hours is the activity approved for?

What is the date of CME expiration for this activity?

Domestic International

Course Program Director:

- 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 topics presented 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
Are you willing to share an annual list of the names and addresses of participants who purchased the activity? (not required)	Yes	No
Will the activity be conducted principally in English?	Yes	No

Please continue on the next page.

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

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

Attached to this application is the following: Activity literature including a draft of the activity brochure and activity objectives, faculty who help developed the activity and/or promotional materials. Yes No

Please indicate your agreement with the following:

Members of the ASGE CME Programs Committee will be provided access to the activity for free, so that the content can be reviewed Agree Disagree

The ASGE 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 is good for the CME lifespan of up to three years. If the content of the activity changes within this timeframe, ASGE must be notified of this change and will be granted access to re-review the new content. Agree Disagree

Once the CME has expired, this activity will no longer be endorsed by ASGE. If the activity's CME is extended and you want to continue ASGE's endorsement, ASGE must be notified of this decision and a new application must be completed and submitted to ASGE for review, along with paying any additional applicable fees. Agree Disagree

I understand this activity will not be endorsed unless the endorsement fee quoted by ASGE upon review of this application is paid, which includes use of the ASGE logo, a two-time use of the ASGE mailing list and promotion of the activity on the ASGE website. Agree Disagree

ASGE does not provide CME Credit, Joint Sponsorship, or financial support for endorsed activities. Agree Disagree

When submitting this application, please provide information on how to access the activity, i.e. the website address for a webinar, indicate that a DVD will be sent to us, etc. Also, make sure to 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.

If you need to mail your activity to us, please make sure to send four copies to –

ASGE
c/o Education Department
3300 Woodcreek Drive
Downers Grove, IL 60515

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

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