

**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.

1. Significant scientific contributions to the field of gastrointestinal endoscopy as evidenced by:
	1. Significant scientific contributions to the field of endoscopy; or
	2. significant contributions to education in endoscopy on the international, national, state, or regional level; or
	3. significant service to ASGE (minimum requirement is successful service on one ASGE committee as attested by the committee chair; or
	4. 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.
2. 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.

1. Current Curriculum Vitae must be included with application.
2. 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)

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1. Contributions to education in endoscopy on the international, national,

 state or regional level; (describe—use additional pages if necessary)

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1. 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)

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* **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 gastroenterology (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.

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

 this application.

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 (Signature of Applicant) (Date)

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

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 **VISA MASTERCARD** **AMEX DISCOVER**

 **CARD #**

Expiration date: **Amount:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (US Dollars)

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|  |
| --- |
| **Name: Membership ID #:**  |

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:**

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| **DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_****AC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |