



# SAGES

Society of American Gastrointestinal and Endoscopic Surgeons

## APPLICATION FOR INTERNATIONAL MEMBERSHIP

SAGES Membership Services  
11300 W Olympic Blvd #600  
Los Angeles CA 90064  
Phone: 310-437-0544 ext. 110  
Fax: 310-424-3398  
Email : membership@sages.org  
Web Site : www.sages.org

### INTERNATIONAL MEMBERSHIP REQUIREMENTS:

- Surgeons or gastrointestinal endoscopists who reside in a country other than the United States, Canada or Puerto Rico, or practice in the USA who do not meet qualifications for Active/Associate Active membership having trained outside the USA, Canada or Puerto Rico.
- License to practice medicine in his/her state, province or country.
- Surgical Board certificate or official document to practice surgery in the country which he/she practices/trained.

Application Date: \_\_\_\_\_ Please check:  Male  Female  I choose not to disclose

**PLEASE TYPE OR PRINT CLEARLY**

### APPLICANT'S FULL NAME:

\_\_\_\_\_  
(LAST/FAMILY NAME) (FIRST/GIVEN NAME) (MIDDLE NAME OR INITIAL)

MD  PhD  Other Degrees: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Country of Birth \_\_\_\_\_

### **PLEASE CHECK PREFERRED MAILING ADDRESS:**

#### PROFESSIONAL ADDRESS:

\_\_\_\_\_  
(Company or Organization or Institution)

\_\_\_\_\_  
(Department) (Title)

\_\_\_\_\_  
(Street Address) (Suite or Room or Building or PO Box)

\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code) (Country)

\_\_\_\_\_  
(Business Phone Number) (Business E-Mail Address)

#### RESIDENCE ADDRESS:

\_\_\_\_\_  
(Street Address) (Apt Number or Box Number)

\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code) (Country)

\_\_\_\_\_  
(Home or Cell Phone Number) (Personal E-Mail Address)

**EDUCATION:**

<b>College/University:</b> Institution	Degree	Date Awarded
<b>Medical School:</b> Institution	Degree	Date Awarded
<b>Postgraduate Training:</b> Institution	Degree	Date Awarded
<b>Internship:</b> Institution	Program Director	Inclusive Dates
<b>Residency:</b> Institution	Program Director	Inclusive Dates
<b>Fellowship:</b> Institution	Program Director	Inclusive Dates
<b>Other:</b> Institution	Program Director	Inclusive Dates

**MEDICAL LICENSURE:**

Country	Registry Number	Expiration Date
Has your medical license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your privileges ever been suspended or changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**BOARD CERTIFICATION:**

Certification or Official Documentation to practice surgery Certificate # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**FELLOWSHIPS and MEMBERSHIPS:**

CAGS  EAES  ELSA  FELAC/ALACE  GSA  JSES  IPEG  AWS  SBAS  OTHER: \_\_\_\_\_

**ACADEMIC APPOINTMENTS (BEGIN WITH CURRENT):**

_____	_____	_____	<input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME?
Institution	Title	Inclusive Dates	
_____	_____	_____	<input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME?
Institution	Title	Inclusive Dates	
_____	_____	_____	<input type="checkbox"/> CLINICAL? <input type="checkbox"/> FULL TIME?
Institution	Title	Inclusive Dates	

**HOSPITAL APPOINTMENTS (BEGIN WITH CURRENT):**

_____	_____
Institution	Inclusive Dates
_____	_____
Institution	Inclusive Dates
_____	_____
Institution	Inclusive Dates

**PRACTICE PATTERNS (INDICATE YOUR SURGICAL PRACTICE AS IT IS NOW DEFINED):**

Private Practice Solo     
 Private Practice Group     
 Private Practice/Part Time HMO     
 Military  
 Full Time HMO or IPA     
 Full Time Academic     
 Full Time Government (VA)     
 Other

**I consider myself primarily to be:**

Academic Surgeon       Community Practice Surgeon

**AUTHORIZATION:** I authorize the Society of American Gastrointestinal and Endoscopic Surgeons to obtain information from societies, hospital staffs, members and any other source regarding this application and my qualifications for membership that will be kept confidential by the Society.

**Applicant's Signature:** \_\_\_\_\_

**SPONSORS:**

Current SAGES Member: \_\_\_\_\_ Email: \_\_\_\_\_

Surgeon Colleague: \_\_\_\_\_ Email: \_\_\_\_\_

**CHECKLIST FOR REQUIRED DOCUMENTS TO COMPLETE APPLICATION: [\*\* ENGLISH Translation]**

- A signed, fully completed application form (or complete the online application at [www.sages.org](http://www.sages.org))
  - A copy of your current medical license for the State or Country in which you practice \*\*
  - A copy of your surgical certificate or other official documentation that allows you to practice surgery in your Country\*\*
- TWO letters of recommendation from two individuals describing applicant's training, skill and experience in the practice of endoscopy and/or laparoscopy:
- A letter from a current SAGES member (or request an introduction by emailing [membership@sages.org](mailto:membership@sages.org))
  - A letter from your current Chief of Surgery or a previous endoscopic instructor or a surgical colleague who is familiar with your endoscopic practice
  - Submit payment for the \$100 application fee for those applying for International Tier 1 membership. Applicants applying for International **Tier 2 or Tier 3 DO NOT PAY** the application fee. (Details below under Annual Membership Dues).

**PROMO CODE:** \_\_\_\_\_

**PLEASE FIND ENCLOSED MY \$100 USD APPLICATION FEE:**

A check (USD only) is enclosed with this application. Please make checks payable to SAGES.

I authorize you to charge my:        

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_ Amount: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**or remit payment online at:** <https://www.sages.org/sages-membership-application-fee/>

**APPLICATION REVIEW PROCESS:** The SAGES Membership Committee meets quarterly, in January, March/April, July, and October, to consider new members. Applications must be complete one month prior to final approval meeting dates.

**ANNUAL MEMBERSHIP DUES:** Dues are invoiced AFTER acceptance into membership. Annual dues for International Tier 1 members are \$350 and include an online subscription to the *Surgical Endoscopy* journal. - Tier 2 dues are \$135, Tier 3 dues are \$50.

<b>TIER 1 COUNTRIES</b>	<b>TIER 2 COUNTRIES</b>	<b>TIER 3 COUNTRIES</b>		<b>TIER 4 COUNTRIES</b>
Aruba	Andorra	Albania	Kyrgyz Republic	Afghanistan
Australia	Argentina	Algeria	Laos PDR	Benin
Austria	Barbados	American Samoa	Lebanon	Burkina Faso
Bahrain	British Virgin Islands	Angola	Lesotho	Burundi
Belgium	Croatia	Anguilla	Libya	Central African Republic
Bermuda	Cyprus	Antigua and Barbuda	Macedonia	Chad
Brunei	Czech Republic	Armenia	Malaysia	Comoros
Canada	Equatorial Guinea	Azerbaijan	Maldives	Congo, Democratic Republic of
Cayman Islands	Estonia	Bahamas, The	Marshall Islands	Eritrea
Denmark	French Polynesia	Bangladesh	Mauritania	Ethiopia
Falkland Islands (Islas Malvinas)	Israel	Belarus	Mayotte	Gambia
Faroe Islands	Korea, South	Belize	Micronesia	Guinea
Finland	Latvia	Bhutan	Moldova	Haiti
France	Lithuania	Bolivia	Mongolia	Liberia
Germany	Malta	Bosnia and Herzegovina	Montserrat	Madagascar
Gibraltar	Martinique	Botswana	Morocco	Malawi
Greenland	Maturités	Brazil	Myanmar	Mali
Guam	Mexico	Bulgaria	Namibia	Mozambique
Guernsey	Netherlands Antilles	Burma	Nauru	Nepal
Hong Kong	New Caledonia	Cabo Verde (Cape Verde)	Nicaragua	Niger
Iceland	Northern Mariana Islands	Cambodia	Nigeria	North Korea
Ireland	Poland	Cameroon	Niue	Palau
Italy	Portugal	Chile	Pakistan	Paraguay
Japan	Puerto Rico	China	Panama	Rwanda
Jersey	Reunion	Colombia	Papua New Guinea	Senegal
Kuwait	Russian Federation	Congo	Peru	Sierra Leone
Liechtenstein	Seychelles	Cook Islands	Philippines	Somalia
Luxembourg	Slovakia	Costa Rica	Romania	South Sudan
Macau	Slovenia	Côte d'Ivoire	Russia	Syrian Arab Republic (Syria)
Man, Isle of	Spain	Cuba	S. Georgia, S. Sandwich Islands	Tajikistan
Monaco	Trinidad and Tobago	Djibouti	Sao Tome and Principe	Tanzania
Netherlands		Dominica	Serbia and Montenegro	Togo
New Zealand		Dominican Republic	Solomon Islands	Uganda
Norway		East Timor	South Africa	Yemen
Oman		Ecuador	Sri Lanka	Zimbabwe
Qatar		Egypt	St Helena	
San Marino		El Salvador	St Kitts and Nevis	
Saudi Arabia		Fiji	St Lucia	
Singapore		French Guiana	St Pierre and Miquelon	
Sweden		French Southern Territories	St Vincent/Grenadines	
Switzerland		Gabon	Sudan	
Taiwan		Gaza Strip	Suriname	
United Arab Emirates		Georgia	Swaziland	
United Kingdom		Ghana	Thailand	
United States		Greece	Timor-Leste (East Timor)	
Virgin Islands		Grenada	Tokelau	
		Guadeloupe	Tonga	
		Guatemala	Tunisia	
		Guinea-Bissau	Turkey	
		Guyana	Turkmenistan	
		Honduras	Turks and Caicos Islands	
		Hungary	Tuvalu	
		India	Ukraine	
		Indonesia	Uruguay	
		Iran	Uzbekistan	
		Iraq	Vanuatu	
		Jamaica	Venezuela	
		Jordan	Vietnam	
		Kazakhstan	Wallis and Futuna Islands	
		Kenya	West Bank/Gaza	
		Kiribati	Yugoslavia	
		Kosovo	Zambia	