AMERICAN COLLEGE OF GASTROENTEROLOGY

6400 Goldsboro Road, Suite 200, Bethesda, Maryland 20817-5842

Telephone: 301-263-9000, Fax: 301-263-9025

RESIDENT / TRAINEE MEMBERSHIP APPLICATION

QUALIFICATIONS FOR RESIDENT / TRAINEE MEMBERSHIP

- The applicant for Resident / Trainee Membership shall be a graduate of a medical school which is recognized by the Council on Medical Education of the American Medical Association and shall possess the degree of Doctor of Medicine or Doctor of Osteopathy.
- Residents shall be enrolled in approved training programs, which include some exposure to gastroenterology, GI endoscopy, hepatology or gastrointestinal surgery.
- Fellows shall be enrolled in an approved gastroenterology fellowship program.
- The applicant shall make application for Resident / Trainee Membership on the prescribed form and shall be approved by the Credentials Committee.
- For more information on Membership qualifications, visit us online at gi.org.

CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ NPI Number *(required for U.S. physicians only)*: _____

Office Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

E-mail: _____

Phone *(Int'l include country and city codes for all numbers)*: _____ Fax: _____

Home Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____

Please mail materials to my: ❑ Work Address ❑ Home Address

OPTIONAL: Spouse's Name *(will be contacted by the Auxiliary)*: _____

EDUCATION

University: _____ Degree: _____ Date Awarded: _____

Medical School: _____ Degree: _____ Date Awarded: _____

Internship Institution: _____ Inclusive Dates: _____

Residency Institution: _____ Start Date: _____ End Date: _____

CURRENT TRAINING PROGRAM *(if applicable)*

Institution: _____ Program Director: _____

Start Date of GI Fellowship: _____ End Date of GI Fellowship: _____

OVER →

SPECIAL TRAINING AND EXPERIENCE

_____

_____

_____

_____

BOARD CERTIFICATION

Specialty Board: _____ Certificate #: _____ Date: _____

MEMBERSHIP IN MEDICAL SOCIETIES

_____

_____

_____

DEMOGRAPHICS *(Optional)*

Gender: ❑ Male ❑ Female

Area of Interests / Specialties: *(check all that apply)*

❑ Biliary	❑ Colon	❑ Endoscopy	❑ Esophagus	❑ Functional Bowel Disease
❑ Geriatrics	❑ IBD	❑ Liver / Hepatology	❑ Motility	❑ Oncology
❑ Outcomes Studies	❑ Pancreas / Small Bowel	❑ Pediatrics	❑ Stomach	

Name of Program Director: _____ **Signature of Program Director**: _____

Signature of Applicant: _____

MEMBERSHIP INFORMATION

Your Resident / Trainee Membership includes a subscription to the *American Journal of Gastroenterology*. After completion of training, you will have an opportunity to transition to full Membership.

PAYMENT INFORMATION

Application Fee: $25 *(Payment must be submitted with application in U.S. Dollars only.)*

❑ My check made payable to the ACG is enclosed. ❑ My credit card information is below.

❑ Visa ❑ Mastercard ❑ American Express

Credit Card Number: _____ Exp. Date: _____ 3 or 4 Digit Security Code: _____

Name on card: _____ Signature: _____