

American Gastroenterological Association APPLICATION

TRAINEE

INTERNATIONAL TRAINEE

DATE _____

Application Fee: None

Please check the appropriate box:

TRAINEE (FIRST YEAR FREE; FOLLOWING YEARS, \$95/YEAR)

INTERNATIONAL TRAINEE (\$150/YEAR)

I. PERSONAL INFORMATION

First Name _____ Middle Name _____

Last Name _____

Suffix _____ Job Title _____

Current Degree

M.D. or Equivalent Ph.D. D.O. D.V.M.

Other _____

Preferred Mailing Address Home Work

Work Address

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Province _____ Country _____

Work Phone _____

Work Fax _____

Email Address _____

Company URL _____

Home Address

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Province _____ Country _____

Home Phone _____

Home Fax _____

II. EDUCATION

Academic/College _____

Degree _____ Date Graduated _____

Medical School _____

Degree _____ Date Graduated _____

Graduate School _____

Degree _____ Date Graduated _____

III. MEDICAL LICENSE/BOARD CERTIFICATION

Medical License

Name as it appears on medical license _____

Medical License Number _____

License City and State (if foreign give country) _____

National ID Number (Canada Only) _____

ECFMG Number (for graduates of foreign medical schools only)

Has any action, in any jurisdiction, been taken regarding your license to practice medicine? This includes actions involving revocation, suspension, limitation, probation or any other sanctions or conditions imposed upon a license. **Note:** Any significant misstatements or omissions from this application shall constitute cause for denial/revocation of AGA membership.

Yes (Please attach explanation.) No

IV. TRAINING

Residency

Name of Institution _____

Inclusive Dates _____

Gastroenterology

Name of Institution _____

Inclusive Dates _____

(OVER)

Other _____

Completion Date _____

Name of Institution _____

Inclusive Dates _____

V. DEMOGRAPHICS

Race (optional)

- African American American Indian Hispanic
 Asian Caucasian Other
 Pacific Islander Alaskan Native

Gender

- Male Female

Date of Birth (mm/dd/yy) _____

Social Security Number _____

(US applicants only)

Practice Arrangement

- Solo Practice
 GI group practice with fewer than 5 MDs
 GI group practice with 5 or more MDs
 Multi-specialty group practice with fewer than 10 MDs
 Multi-specialty group practice with 10 or more MDs
 Not in Practice Setting
 Other _____

Indicate the percentage of time you spend on each of the following professional activities:

_____ % Research-Basic _____ % Clinical-Academic
_____ % Research-Clinical _____ % Clinical Private-Practice
_____ % Research-Academic _____ % Industry
_____ % Administrative Management
_____ % Other _____

Section Affiliations (up to 4 choices)

_____ Choice One _____ Choice Three
_____ Choice Two _____ Choice Four

- A. Clinical Practice H. Growth, Development & Aging
B. Esophageal, Gastric & Duodenal Disorders I. Immunology, Microbiology & Inflammatory Bowel Disorder
C. Intestinal Disorders J. Hormones, Transmitters, Growth Factors and Their Receptors
D. Pancreatic Disorders K. Nutrition & Obesity
E. Liver & Biliary L. Imaging and Advanced Technology
F. Gastrointestinal Oncology
G. Motility & Nerve-Gut Interaction

Other Association Memberships

- AASLD ACG AMA ASGE GRG NASPGN SSAT

VI. TRAINEE APPOINTMENT

Date of Appointment as Trainee _____

VII. PROGRAM DIRECTOR SIGNATURE

All applications for Trainee/International Trainee Membership must have the signature of the Trainee's Program Director. If the Program Director is not an AGA Member, the application also must have the signature of an AGA Member. A separate letter may be provided in lieu of a signature. By signing below, the individual verifies, to the best of his/her knowledge, that the applicant meets the requirements of AGA membership.

I, _____, verify that
(Print name of Program Director.)

Dr. _____

is a resident/trainee at

(Print name of institution.)

(Signature of Program Director)

If your Program Director is not an AGA member, please provide a nominating signature from an AGA member.

Nominated by:

_____ (Signature) _____ (Please print name.)

Please print name.

VIII. PAYMENT (INTERNATIONAL TRAINEES ONLY: PAY ANNUAL DUES, \$150/YEAR)

Applicants for International Trainee Membership should submit a check (payable to AGA in US dollars) or a completed credit card form (below) for annual dues.

Credit Card Payment Form

- VISA Mastercard American Express

Name on Card _____

Account Number _____

Expiration Date _____ Amount _____

Signature _____

Submit the signed, completed application form, along with:

- 1. Letters of recommendation if nominating signature(s) are not included on the application.
2. A check (payable to AGA in US dollars) or completed credit card payment form for annual dues (international trainees only).

Mail to:

AGA Member Services Department
4930 Del Ray Avenue
Bethesda, MD 20814

