



AMERICAN COLLEGE OF GASTROENTEROLOGY

6400 Goldsboro Road, Suite 450, Bethesda, Maryland 20817-5846

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 www.acg.gi.org.

CONTACT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Date of Birth: _____

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: _____

SPECIAL TRAINING AND EXPERIENCE

BOARD CERTIFICATION

Specialty Board: _____ Certificate #: _____ Date: _____

MEMBERSHIP IN MEDICAL SOCIETIES

DEMOGRAPHICS (Optional)

Gender: Male Female

Area of Interests / Specialties: 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: _____