



AMERICAN COLLEGE OF GASTROENTEROLOGY

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

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

MEMBERSHIP APPLICATION

I hereby apply for the following category of membership (Initial application is made for Member or International Member. Following three years of affiliation, members who meet the criteria set forth in Article 1, Section 2(b) of the ACG Bylaws may apply for Advancement to Fellowship. For more information on Membership qualifications, visit us online at gi.org to view the ACG Bylaws.):

Member

International Member (*Verification of GI training must be attached*)

CONTACT INFORMATION (*Copy of CV must be attached*)

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

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

Practice/Hospital/Univ: _____ 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: _____ Home Phone: _____

Please mail materials to my: Office Address Home Address

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

EDUCATION

University: _____ Degree: _____ Date Awarded: _____

Medical School: _____ Degree: _____ Date Awarded: _____

POSTGRADUATE TRAINING

Internship: _____ Institution: _____ Inclusive Dates: _____

Residency: _____ Institution: _____ Inclusive Dates: _____

Fellowship: _____ Institution: _____ Inclusive Dates: _____

Other: _____ Institution: _____ Inclusive Dates: _____

MEDICAL LICENSURE / BOARD CERTIFICATIONS (*copies of the board certificates must be attached*)

Name on medical license: _____ State / Country: _____ Registry #: _____

Specialty Board: _____ Certificate #: _____ Date: _____

Sub-Specialty Board: _____ Certificate #: _____ Date: _____

HOSPITAL APPOINTMENT (*current*)

Hospital: _____ Position: _____ Inclusive Dates: _____

ACADEMIC APPOINTMENT (*current*)

Institution: _____ Position: _____ Inclusive Dates: _____

I am am not at present engaged in private practice in addition to my present teaching duties.

I currently teach: Full-time Part-time Hours per week: _____

DEMOGRAPHICS / PRACTICE SETTING (Optional)

1. Gender: Male Female

2. Practice Setting: (check all that apply) Private Practice: Solo Practice Practice with 5 or fewer physicians Practice with 6 - 10 physicians Practice with 11 or more physicians Multi-specialty group Academic: Pure Clinician Clinical Educator Basic Science Researcher Non-Practice Setting / Other

3. Is your GI practice: Independently Owned GI Practice Health System/Hospital Affiliated or Owned GI Practice

4. Do you or your practice own all or part of an ASC? Yes No If Yes, is the ASC: Single Specialty GI Multi-specialty If Yes, which endowriter software do you use in your ASC? _____

5. Does your practice employ NPs or PAs? Yes No If Yes, how many? NPs: _____ PAs: _____

6. Do you participate in Clinical Research? Yes No If Yes, what % of your time is protected for clinical research? _____%

7. Do you treat pediatric patients? Yes No

8. Are you practicing full-time or part-time: Full-time Part-time

9. Which EMR or EHR software do you use in your practice? _____

10. What % of your time each week is spent doing the following: _____ % Colonoscopy _____ % EGD _____ % Other Procedures _____ % Eval/Mgmt

11. Do you or your practice own the following ancillary services (check all that apply): Pathology Infusion Anesthesia

12. Areas of Interest / Specialty: (check all that apply) Biliary Colon Endoscopy Esophagus Functional General GI Geriatrics IBD Liver / Hepatology Motility Oncology Outcomes Studies Pancreas Pediatrics Small Bowel Stomach

13. Other than English, what language(s) are spoken in your office: (check all that apply) Arabic Cantonese Farsi French Hebrew Mandarin Portuguese Spanish Vietnamese Other Language: _____

14. Are you a member of the Armed or Uniformed Services? Yes No

PROPOSER INFORMATION

Your Proposer, who can either be a Member or a Fellow of the College, will need to send a letter supporting your application. You may attach the letter to your application or it can be mailed separately to the ACG. If you need assistance finding a proposer, please send an e-mail to info@gi.org.

Name: _____ Phone: _____ E-mail: _____

Signature of Applicant: _____

PAYMENT INFORMATION

Application Fee: \$195 (Payment must be submitted with application in U.S. Dollars only)

My check made payable to the ACG is enclosed.

Credit Card: Visa MasterCard American Express

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

Name on card: _____ Signature: _____

This section for use by ACG Governors only.

Action by Governor: Approved Not-Approved Signature of Governor: _____

Explanation: _____

