



Program Director Attestation for the ASMBS Fellowship Certificate Application

INTEGRITY Statement

By submitting this form you attest that the information in the application is true and accurate to the best of your knowledge. It is the program director's responsibility to act with integrity, and the burden is on you to ask questions if anything about the application requirements is unclear. The [Code of Ethics](#) of the American Society for Metabolic and Bariatric Surgery is intended as a guide to assist all members of the Society in achieving the highest level of ethical conduct in their relations with patients, peers and the public.

Fellow Full Name & Credentials:

Program Director Information

First name:

Last name:

Credentials:

Suffix/Prefix:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Telephone:

Email (Use your personal/permanent email):

Fellowship Council Identification Number:

(Please contact your program fellowship coordinator if you do not know what this is)

Initial the applicable boxes:

Program Director attests that the fellow completed all necessary Fellowship Council requirements including the Core Curriculum found at <https://asmbs.org/professional-education/fellowship>

By submitting this form you are attesting that the information in this application is true and accurate to the best of your knowledge.

Program Director Signature:

Date: